and the same		CHITIFICAT	t #	
Splesters		NAME OF THE PARTY	pin lunder i	
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	THE RESERVE THE PARTY OF THE PA	042	Sept. Authorist St	
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VS A15 (4)

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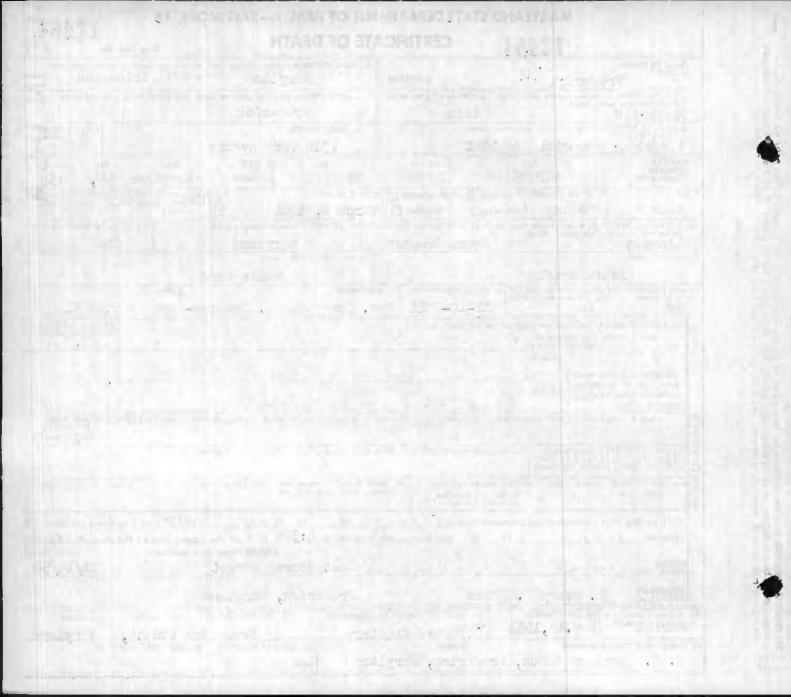
MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18
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10104

CERTIFICATE OF DEATH 12461

		1	2	4	U
Reg.	Dist.	No.			

3.	PLACE OF DEATH O. COUNTY FI	rederick		MARY	LAND	2. USUAL RESIL	Mary.		lived. If instituti b. COUNTY		deri	- 100	ion)
	b. CITY OR TOWN (I RURAL and give no Frederick	f outside corporate limi carest town)	ls, write	Days	IN 1b	c. CITY OR 1		ulside corpo erick	rote limits, write I	RAL ond g	ive near	est town)
	OR INSTITUTION	Memorial	_			/d. STREET A		k Ave	nue				DENCE FARM? NO X
3.	NAME OF DECEASED (Type or print)	ARTH		Middle CYRUS		BRADLE		4. DATE OF DEATH	Nov	ember	Day 9		reor 1958
5.	Male Male	6. COLOR OR RACE White	7. MARI WIDOW	RIED A NEVER MARRIE		March 8,			9. AGE (In years Jost birthdoy) 54 yrs.		-	F UNDE Hours	R 24 HRS. Min.
L	Lineman	ON (Give kind of work king life, even if retired	done 10b.	Power Comp		STRY 11, BIRTHPL		or foreign of	ountry)	12. CITI	USA	WHAT	COUNTRY?
13.	FATHER'S NAME	-				14. MOTHER'S							
15		nza Bradle			1	NFORMANT	M	lamie					
		R BN U. S. ARMED FOR Iff yes, give wor or door of s NO		SOCIAL SECURITY NO 214-10-5816		s. Josep	ohine	E. Br	100	me as	Item	n #2	
		TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Co	ne for (o). (b). and (c).	Les	ent for	leve	2			INTER	T AND	DEATH
	Conditions, if or gove rise to it couse (o), stoting lying couse lost.	mmediate (DUE TO	Pl.	who It	Ln	Len I	Calc	ific	27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		20	1 y	27
CERTIFICATION		IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GI	VEN IN PART		PERFO	AUTOPSY RMED?
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature o	f injury in F	Port I or Parl	t It of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED Not white t of work	20e. PL	ACE OF INJURY II clory, street, office	Home, form bldg., etc.	20f. (City	or lown)	(C	ounty)		(Stote)
	21. I certify the alive on	at lattended the	deceas 12_		death	occurred at		M, fron	reet, city or town,	ond on th		state	
	PHYSICIAN'S NAME (Type)	Dr. Henry	V. Ch	ase		Frede	rick,	Mary	land				
220	BURIAL, CREMATIO	Novelle		Reformed				_	derick C		. 1	(Stote	rland
23.	M. R. Ltc		n, Fr	ADDRESS rederick, M			24a. REC'E	D BY REGIST	RAR 246, REGI	STRAR'S SIG	NATURE		



by the funeral director, should be filed with

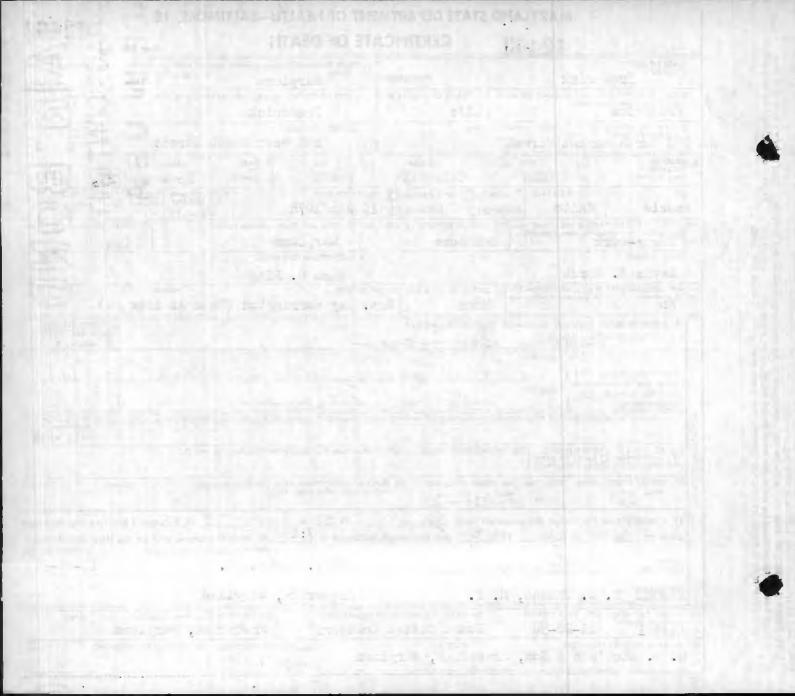
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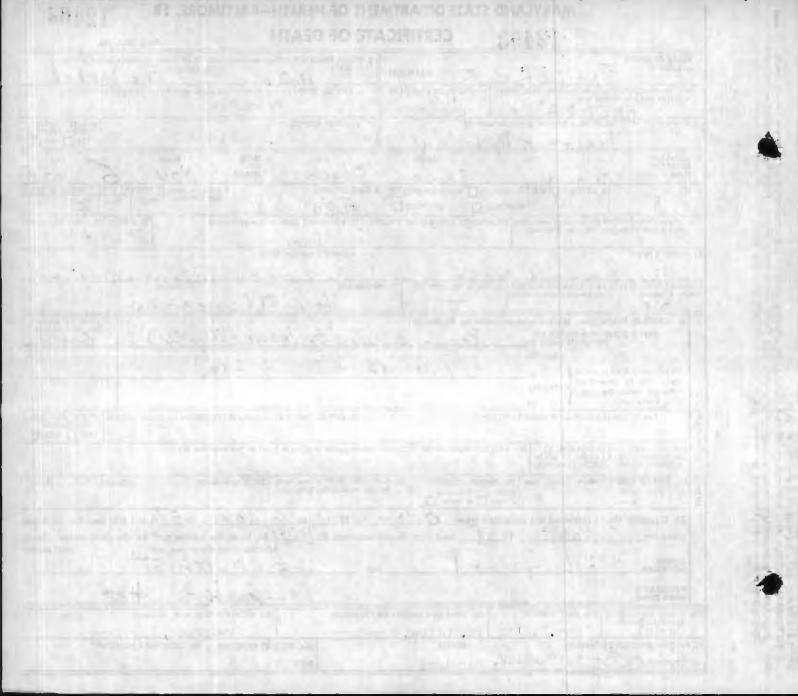
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CERTIFICATE OF DEATH

6406				Reg. Dist. No	D.
1. PLACE OF DEATH 0. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla	here deceased lived. If institution b. COUN'	ution: Residence bef	ore admission) ek
b. CITY OR TOWN (If outside corporate limits, wring RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16 Life	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give no	earest town)
d. NAME OF HOSPITAL (If not in hospital, give strong North Market Street	reet oddress)	d. STREET ADDRESS 464 We	est South Str	eet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) EMNA	Middle CATHERINE	BURCK	OF	vember 25	Nay Year 1958
Female White WID		8. DATE OF BIRTH 15 Jan 1874	the same of	Months Days	Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work	Own Home	Maryland	à	12. CITIZEN USA	OF WHAT COUNTRY
JE. FATHER'S NAME		14. MOTHER'S MAIDEN			
Lewis E. Burck 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	Ne cocial ecology No. 117	Emma. C. I		11	
(Yes, ng, or unknown) (If yes, give war or dates at service)			ngton (Same a	ddress s item #2)
18. CAUSE OF DEATH [Enter only one couse por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), and (c).			N N N N N N N N N N N N N N N N N N N	TERVAL SETWEEN
Conditions, if ony, which gove rise to immediate coute (o), stating the under-lying couse lost.		en aster	selerosi	4 5	ysst
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION C	SIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)		
Hour o.m. W	M. INJURY OCCURRED 70e. Pt. hile Not while work 0 I work 1	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	n, 20f. (City or town)	(County	(Stote)
2	95 B, and that death		_M, fram the causes ADDRESS (Street, city or tow	and an the de	saw the decease ate stated above DATE SIGNE
ACTUAL SIGNATURE 13/19/19	aces_	м.D. 228 N. Mai	rket St.		11-28-58
PHYSICIAN'S B. O. Thomas,	M. D.	Frederick	Maryland		
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 11-28-58	22c. NAME OF CEMETERY O Mount Olivet		22d. 10CATION (City, town Frederick, 1		(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son,	Frederick, Maryl		D BY REGISTRAR 24b. REG	GISTRAR'S SIGNATU	RE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 *RECTOR: After this certificate has been signed by the ottending physician and campletely filled it let detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of priar to burial, cremation, or removal, and in any event within 72 hours after death. moy be retained by the hospital or attending physician. poge 3 sh VS A15 (4) 15M 10/57





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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12464

12464 CERTIF

CERTIFICATE OF DEATH

LATU
Reg. Dist. No.

		_									
1. PLACE OF DEATH o. COUNTY	Frederick		MARYL		2. USUAL RESI	Maryl		l lived If institution b. COUNTY		before od	
_RURAL and give r	(If outside corporate limi secrest lown)	ls, write	E LENGTH OF STAY II	N 16	c CITY OR 1			rote limits, write RI	URAL and gir	ve negrest	town)
Frederick	TAL (If not in hospital, g	ive street	7 Years		d. STREET A	Frede	rick] a 19	RESIDENCE
118 Water					/		r Str	ect		0	N A FARM?
3. NAME OF DECEASED (Type or print)	GLE GLE		Middle		COWEI		4. DATE OF DEATH	Nove	mber	Doy 4,	Year 1958
5 SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MARRIED	β.	DATE OF BIRTI	н		9 AGE (In years lost birthdoy)			NDER 24 HRS
Female	White	WIDOWI	Tread .		uly 30,			60 yrs.	Months [Days Ho	Urs Min
dvring most of wor	ON (Give kind of work in retired berator	one 10b.	kind of ausiness or ress Factor		RY 11 BIRTHPL			rginia	12. CITIZ	EN OF WI	HAT COUNTR
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
Arthu	ur W. White					Sarah	M. M:	iller			
15. WAS DECEASED EV (Yes, no or unknown) NO	ER IN U. S ARMED FOR Ill yes, give well or delet of s NO	HVICO]	7-10-0099		ORMANT Arler	a M.	Shafe	r-Same as		#2	
PART I. DE. 420.1 Conditions, if a gove rise to coute (a), stoling lying coute lost.	the under-	, T	"Al onder	5	ace t					ONSET A	BETWEEN NO DEATH
CAT	HER SIGNIFICANT CON								EN IN PART	PE	AS AUTOPSY RFORMED?
200. ACCIDENT WORLD	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY OC	CURRED	(Enter noture o	f injury in F	Port I or Part	II of ilem 18)			
20c. TIME OF INJUI Hour o.m., p. m.	RY Month, Doy, Yes	While of worl	Not while	Oe PLAC focto	E OF INJURY (I	Home, form, bldg , etc.	20f (City	or town}	(Co	unly)	(Stole)
21. I certify it alive an! ACTUAL SIGNATURE AL	at I attended the		and that c	death o	occurred at	1:30F	M, fram ADDRESS (St	the causes a reet, city or town, s	nd on the	st saw to date st	he decease tated above DATE SIGN /6/58
	. U. G. Bot				Fred	lerick	, Mar	yland		n er en en en en en en en en	***
220 BURIAL CREMATIC	ON. 226 DATE THEREO	F	22c NAME OF CEMET	ERY OR	CREMATORY		22d LOCAT	ION (City, town, o	r county)	(Stote)
BUT181		8	Mount Oliv	ret C	emetery	r	F	rederick		Ma	ryland
23. FUNERAL DIRECTOR		III O	ADDRESS	-			BY REGISTI		TRAR'S SIGN	IATURE	
M. R. Etch	nison & Son.	Fre	derick. Mar	vLan	d	DATE	NOV 1 C	58 6	To Lung	8 /	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 by the funeral director, should be filed with may be retained by the haspital or attending physician.

TO FUNERAL ARCHOR: After this certificate has been signed by the attending physician and campletely filled page 3 sh. be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57 À

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
12465	CERTIFICATE	OF DEATH	

12465 Reg. Dist. No.

	negr etter tee.
1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE [Where deceased lived. If institution Residence before admission] o STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	E. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Frederick Li Days	X Frederick-Rural-R.F.D.#2
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Frederick Memorial Hospital	Trailor Court-Near Frederick VES 1 NO 1
3 NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) CLAUDE WEBB	DAVES DEATH November 7, 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HPS
Male White WIDOWED DIVORCED	April 13, 1914 light birthdoy) Months Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (State or foreign country) 12 CIRIZEN OF WHAT COUNTRY
Welder-Mechanic Road Constructi	on North Carolina USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William B. Daves	Zylphia Laughridge
	INFORMANT Address
No No No No 245-07-0184 N	irs. Mabel H. Daves-Jame as Item #2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLUMN U	ONSET AND DEATH
3 and Due to	
Conditions, if ony, which) (1) Philancia as	colistian
gove tise to immediate	would have a second
couse (o), stoting the under. DUE TO	
lying cause lost. (c)	
PART #1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
\(\frac{1}{2}\)	YES NO I
20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enler noture of injury in Part I or Part II of Hem 18.)
	PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg., etc.)
	-1 111
21. I certify that I attended the deceased fram.	185%, to195%, that I last saw the decease
alive an, 19.5%, and that dea	th accurred at 5:50P M, from the causes and on the date stated above
	ADDRESS (Street, city or town, state) DATE SIGNS
SIGNATURE ameros. Nomos,	Mp Professional Building 11/8/58
PHYSICIAN'S Dr. James B. Thomas	Frederick, Maryland
220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d LOCATION (City, town, or county) (510fe)
Removal Nov.8.1958	Marion. North Carolina
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
M. R. Etchison & Son, Frederick, Mar	yland onevious
	10 158 OFF OFF



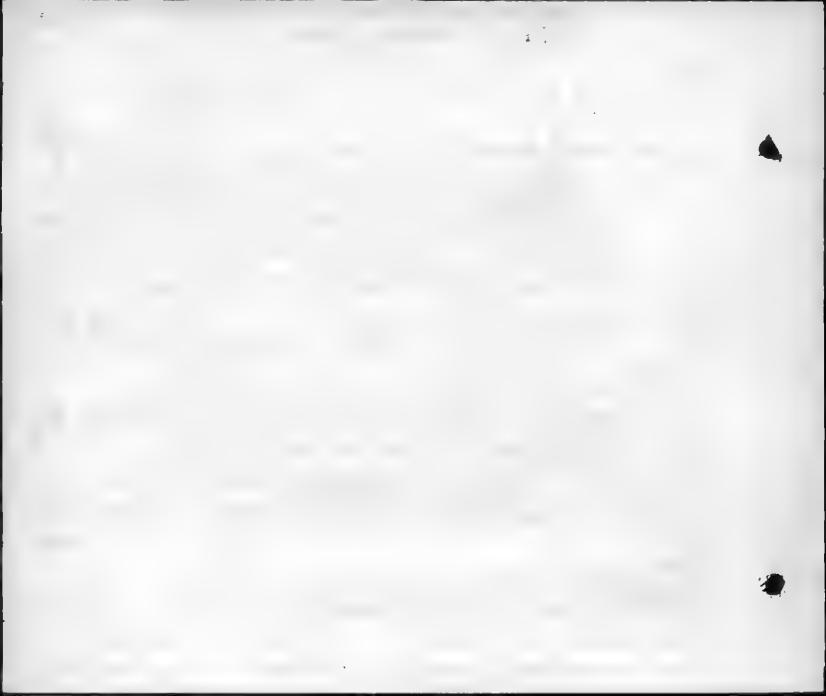
VS A1S (4) 1SM 9/55

CERTIFICATE OF DEATH

12466

Reg. Dist. No.

h.	1. PL o.	ACE OF DEATH COUNTY	Treduci	h	MARYL	II a STATE		are deceased live	d. If institution Reb. COUNTY	vidence before	11
	-	CITY OR TOWN (RURAL ond give n	If outside corporate linearest town).	.,	c. LENGTH OF STAY IN		TOWN (IF ou	otside carporete l	imits, write RURAL	and give near	est town)
	d.	OR INSTITUTION	Windowen		ner + Pert The	d. STREET	ADDRESS	3 al	-5/-	•	ON A FARM? YES NO
	DE	AME OF ECEASED ype or print)	Rog	irst W	Middle Q	Di.	"le	4. DATE OF DEATH	Month	Day 15	Yeor 19 5 3
	5. SE	* m	6. COLOR OR MÁCE	7. MARRIE	ED NEVER MARRIED DIVORCED	R V	TH 26. 1.	8-72-10	GE (In years IF Ut st birthday) Man		Hours Min.
	/n '	during most of wor	ON (Give kind of world king life, even if retire	d) (IND OF BUSINESS OR	INOUSTRY 11. BIRTHP	LACE (Stole of	or foreign country	12	_	WHAT COUNTRY?
	13. FA	ATHER'S NAME	in to	27	Toseph Do	ef another	S MAIDEN N	AME Z	-4.212	< 51	
1			RAN U. S. ARMED FC (If yes, give wor or dates of		ocial sécurity no.	17. INFORMANT	Eu	~ S.	Address	k7	
)	3		ATH [Enter only one of the WAS CAUSED BY: IMMEDIATE CAUSE	7	for (o). (b), and (c).]	Carne	marko	harry.		INTE	RVAL BETWEEN ET AND DEATH
		Conditions, if a	DUE T								
		gave rise to i cosse (a), stating lying cause last.	mmediale (Due 1								
-	CERTIFICATION	PART II. OT	Dento	0.0	Lamton	H BUT NOT RELATED TO	O THE TERMIN	VAL DISEASE CO	NOITION GIVEN IN	PART 1(o) 19	WAS AUTOPSY PERFORMED? YES NO 7
		OR CONTRIBUTING	AS UNDERLYING A CAUSE OF DEATH	∤	RIBE HOW INJURY OCC	CURRED. (Enter nature	af injury in P	ort I ar Port II al	item 18.)		
	MEDICAL	Oc. TIME OF INJUI Have a.m. p. m.	RY Month, Day, Y 19	While	JURY OCCURRED 2 Not white at work	Ge. PLACE OF INJURY foctory, street, office	(Home, form, ca bldg., etc.)	20f. (City or to	own)	(Caunty)	(State)
	l	21. I certify the	nat I attended th	e decease		2/ , 19 <u>51</u> leath accurred at		tor 12	19.55, the	at I last say	w the deceased
		ACTUAL SIGNATURE	74 Lame	nei o	Takowa;	- MD 7			city or town, state)		DATE SIGNED
1	,	PHYSICIAN'S NAME (Type)	* -		1						
		BURIAL, CREMATIC	226. DATE THERE	5 8	22c. NAME OF CEMET	ERY OR CREMATORY		22d. LOCATION	(City, town, or cau	nty)	(Stote)
	23. Fl	UNERAL DIRECTOR	'S SIGNATURE,	Ey &	ADDRESS Frieder	A Mich	240. REC'D	BY REGISTRAR	246. REGISTRAR		
		The second secon									



12467

e. IS RESIDENCE ON A FARM?

5 MINUTES

PERFORMED? YES NO

(State)

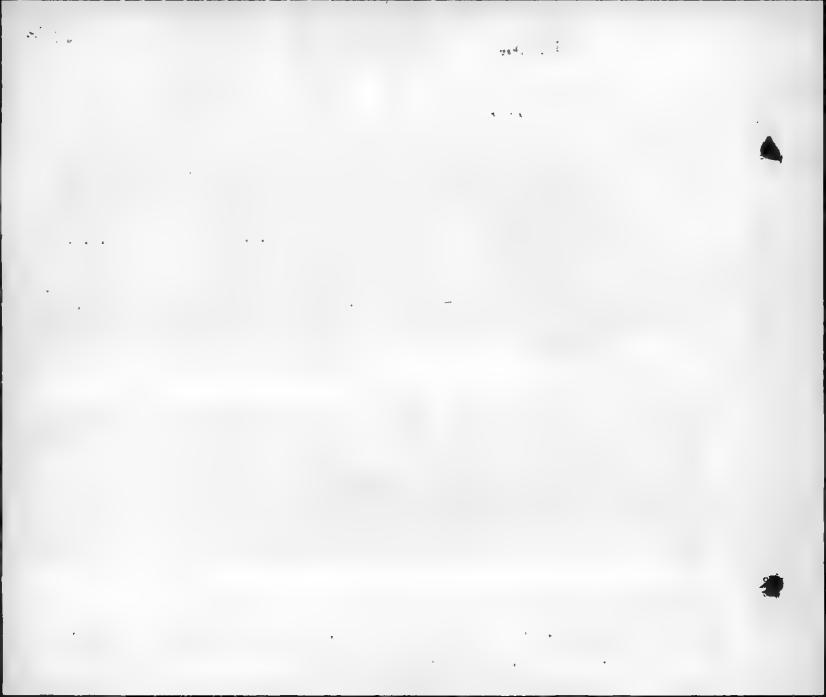
Mass.

(State)

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YES NO

Yeor



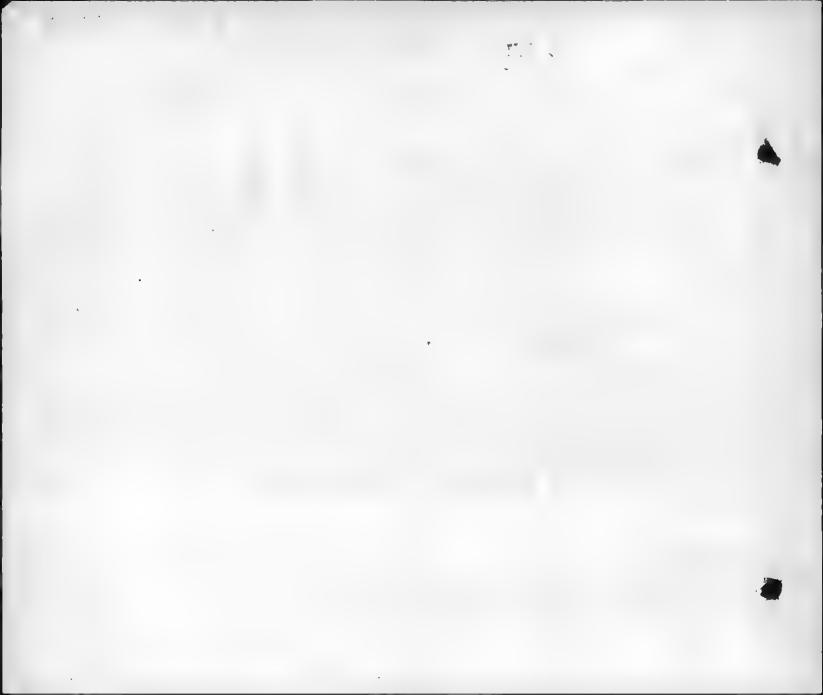
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12466 CERTIFICATE OF DEATH

1	10200				Keg. Dist. No.
)	1. PLACE OF DEATH O COUNTY FREN FRINK	MARYLAND	2 USUAL RESIDENCE (Who o. STATE MAR	ere deceased lived. If institution	Residence before admission) (P.A.R. P.A.L.L.
	b CITY OR TOWN (If outs de corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF o	utside carporale limits, write RUI	RAL and give negrest town?
	RURAL and give represt fown) FREDER / C M	3 MONTHS	minni	ERHAR	
1	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION MEMORIAL HOSP,	ddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO E
	3 NAME OF DECEASED (Type or print) ROSA	Middle	ECKER	4. DATE Month OF DEATH NOV	Day Year 26 1958
	F W WIDOWEI	DIVORCED [8. DATE OF BIRTH MAY 3-1887		FUNDER 1 YEAR 1F UNDER 24 HRS Months Doys Hours Min.
1	100 USUAL OCCUPATION (Give kind of work done 10b li during most of working life, even if retired) HOUSEWIFE OF		MARYL	or foreign country) AND	12. CITIZEN OF WHAT COUNTRY?
/	13. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
	SAMUEL FOGL	E	CELIA	HORTON	
	[Yes, no, or unknown] Iff yes, give siror or date of service]	YONE FL	ORENCE S	MITH MID.	DLEBURG MI
	18. CAUSE OF DEATH [Enter only one couse per line	e for (o), (b), and (c).]	_ B		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	21-cinema 1	of rocturn		18 1165
	704X DUE TO		/		
	Canditions, if any, which (b)				
	couse (o), stoling the under DUE TO				
	tying couse lost. (c)	ON TENED TO TO THE THE PARTY.	100 001 100 70 70 700 700		
3	PART II OTHER SIGNIFICANT CONDITIONS CO	DINTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	PERFORMED?
	200 ACCIDENT WAS UNDERLYING 206. DESC	RIBE HOW INJURY OCCURRED	/ Pf-f- *	art Los Port II of Star 19.1	YES NO E
	UF EITHER, NOTIFY MEDICAL EXAMINER)	Fell 11 /16	1116 .		
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. Sept 4 1958 While of work	JURY OCCURRED 20e. PLA Not white	CE OF INJURY (Home, form, tory, street, office bldg., etc.	20f (City or town)	(County) (Stole)
	p. m. 5 = 1757 at work	of work	Ha MP	Middlebur	Md.
	21. I certify that I attended the decease	d from sept. 4	1957, to N	au, 26 , 1958,	that I last saw the deceased
	alive an New 26 19 F	age, and that death	accurred at 3:15 f	EM, fram the causes an	d an the date stated above.
	ACTUAL SIGNATURE SIGNATURE & 1	ill.	18 35 E	ADDRESS (Street, city or town, str	ple) DATE SIGNED
/	PHYSICIAN'S 11 1 F	bea hill). Frede	Frick 11)	- / .
	220. BURIAL CREMATION, 225 DATE THEREOF	22c NAME OF CEMETERY OF	CREMATORY	22d LOCATION (City, town, or	county) (Slote)
	BURIAL 11/28/58	METHODIS	7	TAYLORSVIL	LE MD
	23 FEINERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'E		RAR'S SIGNATURE
		LU JARONA	THEO.	2 '58 (1.71	8 #





VS A1S (4) 15M 9/55

CERTIFICATE OF DEATH

12470

Reg Dist No

3-								MAR. MIST.	110.	
T	. PLACE OF DEATH		MARYLA	II a CT.			ed. If institution b. COUNTY			on)
-	b. CITY OR TOWN (If putside		c. LENGTH OF STAY IN		Karyla			Frede		
	RURAL and give nearest tow			1.7	TY OR TOWN (If a	autsiae carporati	imils, write K	TKWF and Bive	nearest tawn)
H	rederick		4 Months		ederick					
	d. NAME OF HOSPITAL (IF no		address)	11 / 1	REET ADDRESS	A 11			IS RESI ON A	DENCE FARM?
L	56 Lincoln A	ipts.		50	Lincoln	Apts.			YES 🗀	NO 🔲
3	NAME OF DECEASED (Type or print) De]	First La Lee L	Middle uckett Gibs	on	Last	4. DATE OF DEATH	Nov.	th	/	ear 9 58
5	. SEX 6 COL	OR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE C	F BIRTH	9.	AGE (In years	IF UNDER TY	EAR IF UNDE	R 24 HRS
ŀ	Female Colo				が~ 190	12	last birthday)	Months Do	ys Haurs	Min.
		72 04					21	12 CITIZE	N OF WHAT	COUNTRYS
П	Do USUAL OCCUPATION (Give during most of working life, Domestic	even if retired)	*******	Ch	arles-to	W W	Ω .			
1	3. FATHER'S NAME				THER'S MAIDEN N		~ •			
"										
	William Luc				ry Willi.	ams				
	5. WAS DECEASED EVER IN U. S	wor or dates of service)		17. INFORMAN			Addr			
L	No		None	Della G	ibson -	56 Line	oln Apt	s. Fred	l. Md.	
П	18. CAUSE OF DEATH [Ent		ine for (a). (b). and (c)	0			_		INTERVAL BET	
ı	PART I. DEATH WAS IMMEDI	CAUSED BY: ATE CAUSE (a)	to Corter	Conor	11 lan	rulus	Dezaen	4)	* 2	DEATH
П	LLLLX	DUE TO				And the same of th			P	
ı	Conditions, if any, which	h)								
П	gave rise to immediat	te (Dur vo								
П	lying cause last.	2								
2) (c)	CONTRIBUTING TO DEATH	DUT NOT DELA	TED TO THE TERM	A DARBOIC MAIN	ONDITION	The the Dank to		LIZOBEV
18	PART II. OTHER SIGN	INCAMI COMDINOMS	CONTRIBUTING TO DEATH	DOLINOL KED	HED TO THE TEKMI	INAL DISEASE C	ONDITION GIV	EN IN YAKI 10	PERFOR	SWED5
		- les es							YES 🗌	ио 🗆
CEDITIES		EXAMINER)	SCRIBE HOW INJURY OCC	URRED. (Enter n	alure of injury in t	Part I or Part II	of item 18.)			
14501041	20c. TIME OF INJURY Month	T T		. PLACE OF IN	JURY IHome, form	, 20f. (City or	town)	(Cour	nly)	(State)
19	Hour a.m.	19 White	Natwhile rk □ al wark □	idcidry, siree	t, office bldg., etc	.,				
1	21. I certify that I at	Annalad the dense	sed from 10 -	2. 1	و بالراه	11-1	72.01	76		
П	11 11	rended the deced								
П	alive on		and that de	eath accurre						
L	ACTUAL //	1 2	\sim \sim			ADDRESS (Stree	l, city or town,	state)	(PA	TE SIGNED
П	SIGNATURE	· poru	me H.	M.D	MI		1 Jan	Mr	C XY	
П	PHYSICIAN'S							- 4	. //	
L	NAME (Type) U .G .B(ourne Jr.			30 W. Al	l Saint	s St. F	rederic	k, Md.	
2	20. BURIAL, CREMATION, 226.	DATE THEREOF	22c. NAME OF CEMETE	RY OR CREMAT	ORY	22d. LOCATIO	N (City, tawn, o	ir county)	{State)
	Burial No	ov. 5-58	St. Johns				ick, Md		(- 3 -	
100	3. FUNERAL DIRECTOR'S SIGNA		ADDRESS		24g, REC"	D BY REGISTRAL		TRAR'S SIGNA	ATURE	
	Charles E. Hick	cs 111 Fre			DATE N					
					DATE IV	01 1 00	Lu.	Now. I of	er is A	



MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

	12468 CERTIFICATE OF DEATH Reg. Dist. No.											
	PLACE OF DEATH	1		MARYLA	ND	2. USUAL RESIDENCE (Who o. STATE		I lived. If institution b COUNTY			re admiss	ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Haspital				d. STREET ADDRESS Fort Detrick-Apt. 119-B						SIDENCE FARM?		
	NAME OF DECEASED (Type or print)	SETH		Middle THOMAS		Gilbert	4. DATE OF DEATH	Mon	th C	Do SZ	,	Year
5	SEX M	6. COLOR OR RACE	7 MARRI WIDOWEI	ED NEVER MARRIED		8. DATE OF BIRTH NO V. 2, 1558	- 1	9 AGE (In years lost birthday) yrs.	IF UNDE Months	Doys	Hours	Min.
100	USUAL OCCUPATIO during most of work Infant	ing life, even if retired	done 10b. I	CIND OF BUSINESS OR I	NDU	STRY 13. BIRTHPLACE (Slote of		ountry)		TIZEN O	_	COUNTRY?
13.	Cerald	B. C:16	ert			Mary Su	4 1	ent				
15. (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no. or unknown) NO											
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) IMMEDIATE CAUSE (c)						ONS	INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if an	Conditions, If any, which (b)						5	53 min			
	Cotte (a), stoting the under lying couse lost. (c)											
CERTIFICATION)	mater.	_	deliver	-	NOT RELATED TO THE TERMI		E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFC	AUTOPSY ORMED?
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while p. m. 19 of work 01 work 01 work 19 of work 19											
	21. I certify that I attended the deceased from 11/2, 1915, to 11/2, 1915, that I last saw the deceased											
	olive on											
	PHYSICIAN'S NAME (Type)	HARR	100	GRAY		N	ar	× 10 c-1				
220	BURIAL, CREMATIO	N, 22b. DATE THEREC)F	22c. NAME OF CEMETE	RY O	R CREMATORY	22d. LOCAT	ION (City, town, o	r county)		(Sto1	e)

Mount Olivet Cemetery

ADDRESS

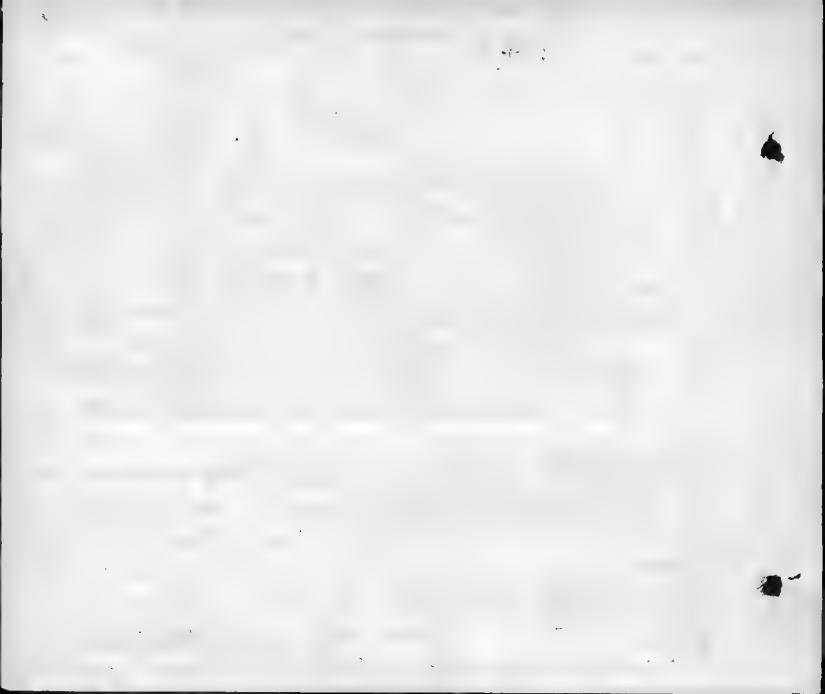
M. R. Etchison & Son, Frederick, Maryland

Frederick, Maryland

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR DATE NOV 5 '58

23. FUNERAL DIRECTOR'S SIGNATURE



lying couse lost.

Hour p. m.

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220 BURIAL CREMATION.

PREMOVAL (Specify)

alive on now 4

EUNERAL DIRECTOR'S SIGNATURE

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year

CERTIFICATION

MEDICAL

	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4		12496 CERTIFICATE OF DEATH Reg. Dist. No.
900	director will be will	1. PLACE OF DEATH a COUNTY FOR OFICE MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If intitution: Residence before admission of STATE b. COUNTY FOR OFICE (Where deceased lived.)
death certificate be executed within 24 hours after death	by the funeral	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown)
		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Freq exick Cuenty Chronic Haspital ON A FA YES IN
	28 - r	3. NAME OF First Middle Lost 4. DATE Month Duy Year OF DECKASED (Type or print) Harring DEATH // 5 19
	d completely fit papers. Page leath.	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 2 Months Days Hours WIDOWED DIVORCED 5 - 18 - 18 - 96 WIDOWED ON THE PROPERTY Months Days Hours WIDOWED DIVORCED 5 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -
		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT CO
	cion on carbor	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME A A REACKS
	ng physicie remave 172 house	15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17 you give mor or dorm of service) 217-10-0253 Reeth Crace Sard Supt Frederich Counts
	please within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: ONSET-AND DE
מב בשני	by the c. Then	33/X IMMEDIATE CAUSE (6) CONTRACTOR (79)
and a	in an	Ganditions, If any, which gave rise to immediate couse (a), stating the under-

(c).

While

12472

e, IS RESIDENCE ON A FARM? YES NO

Year 1950

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

Address INTERVAL SETWEEN ONSETAND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES NO I 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) (County) (Slole) Not while factory, street, office bldg., etc.) at work ol work 19 17 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 9,53 a.M. from the causes and an the date stated above. ADBRESS (Sireel, city or town, stole) 22c. NAME OF CEMETERY OR CREMATORY (Stote) **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR '58 arthur S. Kraus

VS A15 (4) 15M 9/55



FOR STATE HEALTH DEPT.

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the criticate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fuzzral director. Page 4 should provarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNER—"IRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sto. Stord of Health, at 18 designated agent, prior to burial, cremation, as removal, and in any event, within 72 hours after death.

execute the 4 shauld **VS. A15ME** 5M 2.57

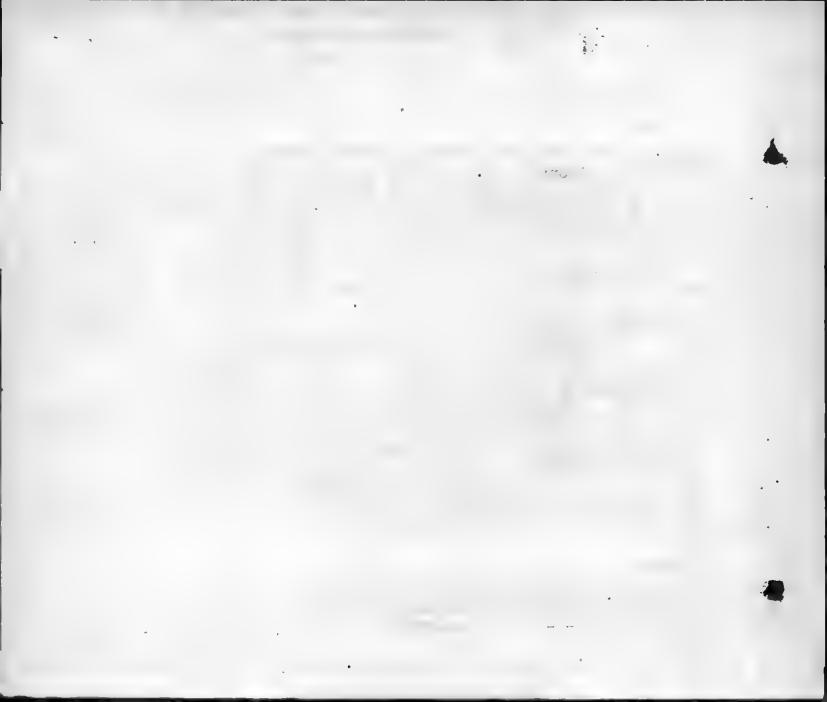
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12473 Reg. Dist. No.

	12497 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH Reg. Dist. No.						
	1. PLACE OF DEATH COUNTY Frederick MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a STATE Laryland b county Frederick						
	b CITY OR TOWN if outside corporate limits, write RURAL ond give nearest fown) Jefferson R. F. D.							
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e. IS PE, CTU-F ON A FARM? YES NO						
	3. NAME OF DECEASED (Type or print) William First Middle Melvin	Goff DEATH 11 17 1958						
	5. SEX 6 COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 DIVORCED 1	12/28/1908 lost prihidoys Months Days Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even il relired) Laborer 13. FATHER'S NAME	U. S. A. Virginia U. S. A. 14. MOTHER'S MAIDEN NAME						
)	E. W. Goff 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 [154 no. of behavior.] (11 year, give way of deleas of relevite) 7 19-14-0656	Lillie Markham NS. Bessie Goff Address Address Address Address Address						
	PART I DEATH WAS CAUSED BY: PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia - Upt DUE TO	per right lobe 3-4 days						
	Conditions, if any, which gave rise to immediate course (e), stating the underlying DUE TO							
	\$ 493X	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY PERFORMED? YES NO NO						
		(Enter nature of injury in Part 1 or Part 1) of Item 18.}						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P While Not while at work at work at work	LACE OF INJURY (Home, form, 120f. (City or lawn) (Caunty) (State) octory, street, office bldg., etc.)						
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner							
	ACTUAL BOTTONIA	DATE SIGNED						
	EXAMINER'S B. O. Thomas, M. D.	ASSISTANT MEDICAL EXAMINER D						
	Burial II-2I-58 Mt. Herms	an Church Bedford Cou. Virginia						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vienna, 7	Virginia part 10 V 2. 4 58 246. REGISTRAR'S SIGNATURE Only 2. Known						



21 hou



- MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertor. Page 4 should be smolion. Rea, Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN III putude cornerete limits, write RUEAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) H ector. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RES DENCE ON A FARM? YES -NO NAME OF 4. DATE First Middle Lost Month Day Yeor DECEASED DEATH 19 30 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED . HEVER MARRIED . B. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. lost burthday) Months Days Hours MIn. WIDOWED [7] DIVORCED | Ca yrs. 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MOY Poges EVER IN U. S. ARMED FORCES? 17. INFORMANT INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: min IMMEDIATE CAUSE (o) 11.50.1 DUE TO Conditions, if any, which gove rise to immediate couse burial DUE TO (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPS ő PERFORMED? NO T 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) 20f. (City or lown) (County) factory, street, office bldg., etc.) While Not while O. III. at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection M Inquiry M. and find that the Chief death resolted fram: Natural causes M. Accident Suicide . Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE -00 ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUT DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) for REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 24b. RÉGISTRAR'S SIGNATURE VS. A15ME(5) arthur & Kansed

5M 9/55

- 1

12469 CERTIFICATE OF DEATH

12476

		TOTOR					Re	eg. Dist. No.			
	1. PLACE OF DEATH			2. USUAL RESI	2. USUAL RESIDENCE (Where deceased lived. If institution						
		derick	MARYLAND	o STATE	Mary.	b. COUNTY	Frederick				
	b. CITY OR TOWN (If ou RURAL and give neare	its de corporate limits, write	E. LENGTH OF STAY IN 16	c. CITY OR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Frederi	ek	Years	13	/J Frederick						
	or institution 519 North	on A FARM? Street Address 6 is RESIDENCE ON A FARM? YES NO 10 NO 10									
	3. NAME OF DECEASED (Type or print)	Salle	Middle KENNY	Hard	ž - t	4. DATE OF DEATH	Month	0° 2	Z- 1958		
	5. SEX 6.	COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRT	Н	9 AG			1F UNDER 24 HRS Hours Min		
	remale windowed bivorced June 20, 1900 52 yrs						Hours Min				
	10a. USUAL OCCUPATION (during most of working	(Give kind of work done) 10th	. KIND OF BUSINESS OR INC	USTRY 11. BIRTHP	LACE (Stole o	or foreign country)		12. CITIZEN OF WHAT COUNTRY			
1	House-wife		Domestic		Panama			USA			
1	13. FATHER'S NAME			14. MOTHER'S	14. MOTHER'S MAIDEN NAME						
		ristopher B.			Sal	lie Yeag			*		
		es, give wor or dates of service)		INFORMANT	T **		Address	TA	// 0		
	No N			r. Oliver	. в. н	arding,S	r.—Same	as Ite	IR #2		
		[Enter only one cause per			INT	INTERVAL BETWEEN ONSET AND DEATH,					
	PART I. DEATH WAS CAUSED BY. A CU te Mayor Cardeal infaretion								10 minutes		
	420.1	DUE TO	Coronay	/							
	Conditions, if any, gove rise to imm		4014	5 -010		2 years					
	couse (o), stating the										
	Iying couse lost.) (c)										
,	CATIC	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	JI NOI KELAIED I) THE TERMIT	NAL DISEASE CON	DITION GIVEN	IN PART I(0)	PERFORMED? YES NO D		
	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	ZOc. TIME OF INJURY Hour s. m.			PLACE OF INJURY ((Home, form,	20f. (City or to	vn)	(County)	(State)		
	₹ p. m.	19 at we	e Not while ork of work		e wag, ere.	1					
	21. I certify that I attended the deceased from 11/11, 1958, to 11/12, 1958, to 11/12										
	alive an										
	ACTUAL SIGNATURE S-2 School Cum M.D. 722 N Make 15 11/23/5										
	PHYSICIAN'S NAME (Type) I	r. L. R. Sch	oolman	4 PF 600 FF 4 BF 148 400	h duw duw situs und skills skile skile sum se		Fue	rlewh	MIG		
		22b. DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY		22d. LOCATION (City, town, or co	ounty)	(State)		
	REMOVAL (Specify) Burial	Nov.26,1958	Mount Olive	Mount Olivet Cemeter			rick,	Maryland			
	23. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS		24g, REC10	BY REGISTRAR	246 REGISTRA	R'S SIGNATUI			
	M. R. Etchie	on & Son. Fr	ederick, Marvi	and	DATE NU	V 2 6 '58	20000	1 2 7 0000	***		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 y the funeral director, which with may be retained by the hospital ar attending physician.

TO FUNERAL TRECTOR: After this certificate has been signed by the attending physician and campletely filled a page 3 shows be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death. VS A1S (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12477

e. IS RESIDENCE ON A FARM? YES | NO X

Year

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES I NO IX

> > (Stote)

Maryland

(County)

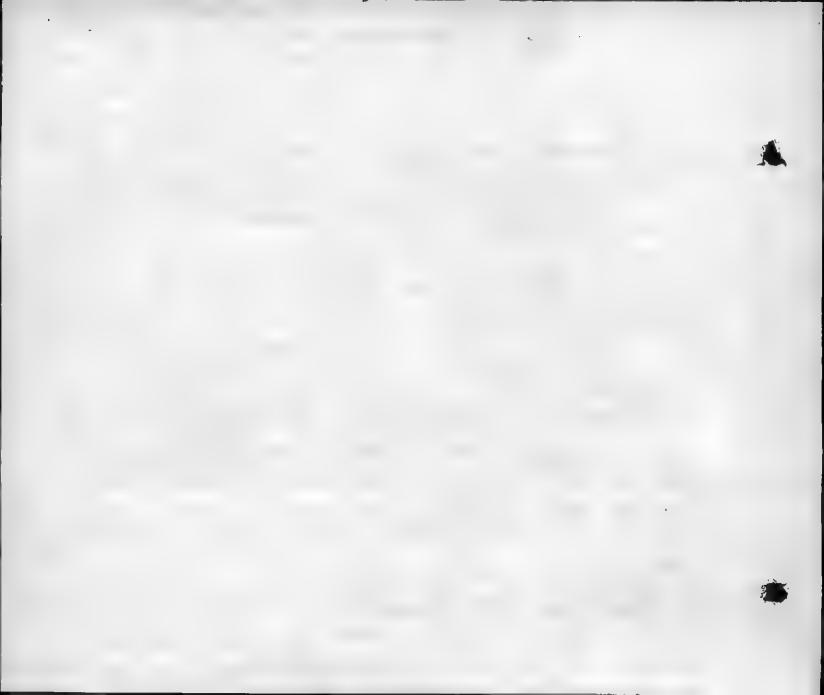
1	2	4	7	8	

7.574.0				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. If institution	n: Residence before admission)
Frederick	MARYLAND		6. COUNTY	Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RU	RAL and give nearest lown)
Frederick	3 weeks	X Rural 1	iddletown	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	spital	/		YES NO
3. NAME OF PIRST PROPERTY OF THE PROPERTY OF T	Middle	t Class	4. DATE Month	Day Year
(Type or print) C 110 2 Th	L.J.S. /	+6++64	DEATH 11	6 19 58
S. SEX 6. COLOR OR RACE 7. MARI	RIED 🔲 NEVER MARRIED 🚰	8. DATE OF BIRTH	P. AGE (In years lost birthday)	FUNDER TYEAR IF UNDER 24 HRS.
male white widow	ED DIVORCED	11/4/1879	79 yn.	Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY
farm owner	farm	Maryl and		II S
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Joseph C. Huffer		Annie M.	Shafer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT	Addre	
	none $\mathbb{I}^{\mathbb{N}}$	rs. Thomas	Crummitt, Mi	ddletown, Md.
18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c)]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ere bral le	emonition	8	ONSET AND DEATH
44434 DUE TO ,		0		
Conditions, if ony, which) (b)	Mer fen sive	carde basca	Our disease	10-20 yrs
gave rise to immediate DUE TO	31			7
lying couse lost.				
PATT II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3				YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort t or Port It of item 18.)	
a Hour a.m. While	£	ACE OF INJURY (Home, form, ctory, street, office bldg, etc.	(20f. (City or town)	(County) (Stote)
Z p. m. 19 of wor	rk of work			
21. I certify that I attended the deceas	sed fram. Oct 19	L , 19 <u>58</u> , to	Nev. 7 , 1938	that I last saw the decease
alive on Ne U . 7 19	$\frac{5\delta}{2}$, and that death	accurred at $^{1+}$ $^{1+}$ $^{1+}$	_M, fram the causes ar	nd on the date stated above
0 00 01	o c	- 1	ADDRESS (Street, city or town, st	DATE SIGNE
SIGNATURE COLL L. Mun	VW.	M.D. Shoppin	a Center	(1/9,5)
PHYSICIAN'S Ralph L Mic.	hels	Freder	ick Maryl	and
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, or	county) (State)
burial 11/ 10/1958	8 Reformed C	emeterv	Middletown.	1/d.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	BY REGISTRAR 246. REGIST	RAR'S SIGNATURE
Gladhill Company, Hide	dletown. Md.	DATE	10V 1 2 '58 C	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be recipied by the haspital or attending physician.

TO FUNER TRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 stand be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 to should be filed with the registrar prior to burial, crematian, at removal, and in any event within 72 hours after death.

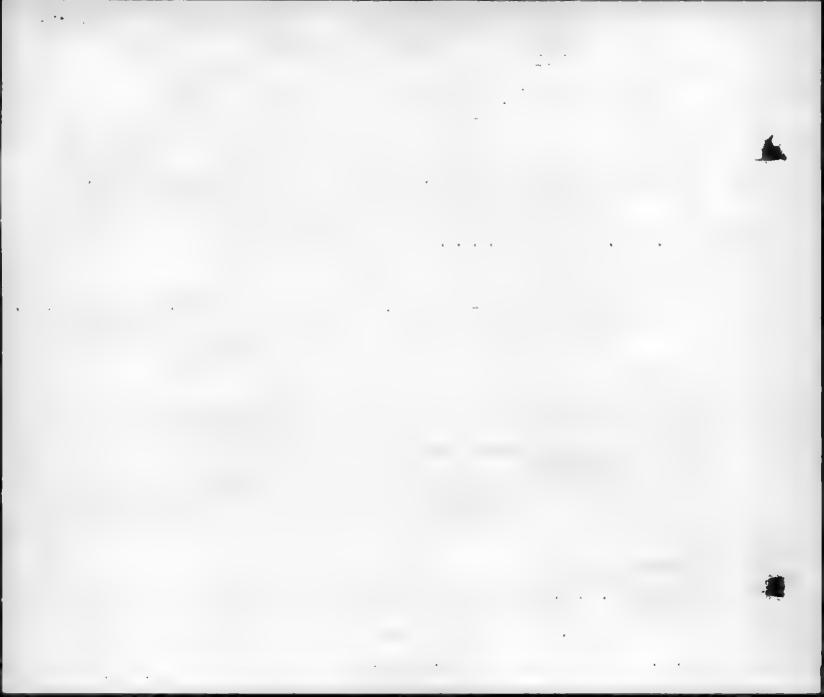
VS A15 (4) 15M 9/SS 黄



	16461	CERTIFICA	TIE OF DEATE		Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (WI		ion Residence before admission)
	Frederick	MARYLAND	o. STATE Mary	yland b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write l	RURAL and give nearest town)
	Frederick	1 Year	Bal [*]	timore (7)	as Pla
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
>	Maryland Odd Fellows Hom	ie	3714 Mil	ford Avenue	YES NO XX
	3. NAME OF First DECEASED	Middle	Last	4. DATE Mor	nth Day Year
	(Type or print) ALFRED	W.	HURST	DEATH NOVE	ember 5, 1958
	5. SEX 6. COLOR OR RACE 7. MARR	;	DATE OF BIRTH	9 AGE (In years last birthdov)	Months Days Hours Min
	Male White woows		January 11,1		Months Days Flaurs Min
1	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)				12. CITIZEN OF WHAT COUNTRY?
	U	O.O.F. Temple	New Jer:	- 6	USA
/	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	· · · -	
	William Hurst			Hutlman	
	(Yes, no or unknown) , fill was your or studes of service)		FORMANT		dress
	No (If yet, give wor or dates of service) 21	.7-09-8345 Ma	ryland Odd Fe	ellow Home Rec	cords, Frederick, Md
	1B CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cornon	Ocalu	an	10 ta
	420, DUE TO				
	Conditions, if ony, which) (b)	have.			
	gove rise to immediate DUE TO	-			
	lying couse last. (c)				
S.	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART I(o) 19 WAS AUTOPSY PERFORMED2
ż	3			-	PERFORMED? YES NO B
	206 ACCIDENT WAS UNDERLYING [] 206. DESC	CRIBE HOW INJURY OCCURRED.	. (Enter nature of injury in I	Port I or Part II of item 3B.)	
	Hour o. m. While	Not white 20e. PLA	CE OF INJURY (Home, form ary, street, office bidg., etc.	, 20f. (City or lawn)	(County) (State)
	p. m. 19 of work	of work			
	21. I certify that I attended the decease		0 , 1858, 10 7	21/ 5- 195	Ithat I last saw the deceased
	alive an 2007 5 19 5	S, and that death	accurred at 5:30/	M, fram the causes of	and on the date stated above.
	c onl	,	4	ADDRESS (Street, city or town,	stole) DATE SIGNED
	SIGNATURE 200	m-ca-on M	.b. East Churc	ch Street	11/6/58
	PHYSICIAN'S The F D Thomas		T 3 . 4 . 3-	353	
	NAME (Type) Dr. E. P. Thomas		Frederick	, Maryland	
	220 BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY OR		22d LOCATION (City, lown,	of county) (State)
	Burial Nov.8,1958	Woodlawn Ceme	tery	Woodlawn,	Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
	M. R. Etchison & Son. Fre	derick. Maryla	nd DATE N	10V 1 0 '58 C	Thur S. Traves

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, may be relained by the hospital or attending physician.

TO FUNERA — LCT — After this cartificate has been signed by the ottending physician and campletely filled in page 3 sh. — be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 of the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs ofter death. VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12501 CERTIFICATE OF DEATH

Dam Diet Me

			TOO	/ I	CERTIT		L OI DEA				Reg. Dist.	No.	
	1,	PLACE OF DEATH O COUNTY Fre	derick		MARYLA	21	USUAL RESIDENCE	-	_	f. If institution b COUNTY	Frede		nission)
	١	b. CITY OR TOWN (IF RURAL and give ne noxville—	arest town)	_	c. LENGTH OF STAY IN	Ib. /	c CITY OR TOWN				-	e negresi i	own)
5		d. NAME OF HOSPITA OR INSTITUTION Petersvil	AL (If not in hospital, . Le	give street o	oddress)	7	d street ADDRES Petersvil			-		OI	RESIDENCE NA FARM?
		NAME OF DECEASED (Type or print)	CATHI	ERINE	Middle ARLENE	J.	Loss ACKSON	1	4 DATE OF DEATH	Mon	ember	Doy	Year 19 58
1		sex Female	6 COLOR OR RACE	7. MARR	DIVORCED		Feb 1895		9. At 10.	3E (In years birthday) 3 yrs	Months D	YEAR IF UI	NDER 24 HRS
	10a	during mast of work HOUSE-WO	ing_lite, even if retire:	done 10b.	own Home	NDUSTRY	11 BIRTHPLACE (S)		EN OF WH	AT COUNTRY?
	13.	FATHER'S NAME				1	4. MOTHER'S MAID	EN NA	WE				
		Lewis E.	Morrison				Ada Carr	ie	Brooks				
	15 (Yo	WAS DECEASED EVER	IN U. S. ARMED FOI If yes, give wor or doles of	service]	SOCIAL SECURITY NO.	17 INFO	rmant les T. Ja	cks	on (Sa	Addr Me as	item #	1)	
			TH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO COMMENT CAUSE (c) DUE TO COMMENT CAUSED BY IMMEDIATE BY IM	HU	Pertensi	VE	Cardio	_ U (us cula	r dis	rease		BETWEEN ND DEATH
(0)	CERTIFICATION			IDITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE T	ERMIN	AL DISEASE CON	ADITION GIV	EN IN PART 1	PEI	AS AUTOPSY PFORMED? NO KK
		(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	206, DESC	RIBE HOW INJURY OCC	URRED (6	nter nature of injur	y in Po	rt Eor Part II of	(tem 18.)			
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	or 20d. IN While of work	Not while	e. PLACE foctory	OF INJURY (Home, , street, office bldg.	form, , etc.)	20f. (City or to	wn)	(Cou	unty)	(State)
		21. I certify the alive an	or I attended the			eath oc	, 193/, ta curred at 4 228 N. M	A.	M, from the poress (Street, et St.	causes a	nd an the	date st	ne deceased ated abave DATE SIGNED 4-58
			rnard 0. 1				Frederic	k,	Md.				
	220	BURIAL CREMATION REMOVAL (Specify) BUTIAL	1, 226 DATE THEREC		Fairview C			2	2d. location Freder				fole)
	4	FUNERAL DIRECTOR'S M. R. Etch		, Fre	ederick, Mar	ylan		NO/	BY REGISTRAR / 1 0 '58	1	TRAR'S SIGN		

TE MESTIVE OR ATTENDING INVITANT The for requires that the death amilificate be executed within 14 hours after death. Tage 4 the funeral director, should be filed with moy be retained by the hospital or attending physician.

TO FUNERAL RECTOR: After this certifinate has been signed by the ottending paysician and completely filled to page 3 show the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 at the registrar priar to burial, cremotion, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4	CERTI	ICAIL OF BLATTI	Reg. Dist. No.
	1. PLACE OF DEATH COUNTY Frederick MARYL	I o STATE	nd lived If institutions Residence before admission) and b. COUNTY Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) St. Anthony 50 yr	1 1 1 1	orate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	IS RESIDENCE ON A FARM? YES TO DE
	3. NAME OF DECEASED (Type or print) George Edward Keepers	Lost 4. DATE OF DEATH	Month Doy Year Nov. 24 19 58
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9. AGE (In years of the year) FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Coach maker Own busine		U.S.A.
4	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	Alexis V. Keepers	Elizabeti	n Sebold
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Vist. no. or unknown) (III yes, give wor or dofes of service) 212-38-9578	17. INFORMANT Mrs. Margaret 1	Address Keepers Emmitsburg, Ma
	Conditions, if ony, which gove rise to immediate couse (p), stoling the under- lying couse last. PART I. DEATH WAS CAUSED BY. DUE TO (c) Conditions, if ony, which gove rise to immediate couse (p), stoling the under- lying couse last.	mie Cardw Ves, a	eseais Rewal years
Ē)	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	TH BUT NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
		CURRED. (Enter nature of injury in Part I or Pa	rt II of item 18)
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, form, 20f. (Cit foctory, street, office bldg., etc.)	y or town) (County) (State)
	21. 1 certify that attended the deceased from alive an AXX2-3 190, and that a ACTUAL SIGNATURE	death accurred at #2 P.M. fro ADDRESS (1) M.D. M. M. M. M. M. M.	24, 190, that I last saw the deceased m the causes and an the date stated above. Street, city or town, Mate) DATE SIGNED LIFE 11: 76-58
	PHYSICIAN'S W.R. Cadle		
	Buria Specify 11-27-58 St. Anth		Emmitsburg, Md.
4	23. FUNERAL DIRECTOR'S SIGNAME ADDRESS Raymond E. Creager Thurmon	240. REC'D BY REGIS	o de a



or removal forwor TO FUN

V5 A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12503

	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH		
7		н				Ren Dist No.	

G. COUNTY Frederick	MARYLAND	- CTATE	here deceased lived. If institution b. COUN		re admission) erick
b. CITY OR TOWN (If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	· · · · · · · · · · · · · · · · · · ·	outside corporate limits, write		
Frederick-Rural-R.F.D.#L	Life		ck-Rural-R.F.	44.0	·
d. NAME OF HOSPITAL OR INSTITUTION (If not in I		d. STREET ADDRESS			. IS RESIDENCE
Derr Road		/ Derr Ro	oad		ON A FARMS
3. NAME OF First (Type or print) CHAR LES	Middle WILLIAM	KEMP	OF DEATH NOVER	, , , ,	Yeor 19 58
5. SEX 6. COLOR OR RACE 7. MAR White wipov		DATE OF BIRTH August 23, 18	9. AGE [in years lay b ribdoy] yrs		F UNDER 24 HRS. Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Retired Carpenter	KIND OF BUSINESS OR INDUSTI Onstruction	11. BIRTHPLACE (Store of Marylar		12. CITIZEN OF USA	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
William A. Kemp		Malir	nda A. C. Lamb	ert	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? I (Yes, no, or unknown) (I) yes, give war or dates of service) NO		romant arles R. Kemp	Address ,-Same as Ite		
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	for (o), (b), and (c).]	2 Thron	duses	ONSET	AL BETWEEN AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. (c)		4			
PART II OTHER SIGNIFICANT CONDITIONS 20d. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NALDISEASE CONDITION G		WAS AUTOPSY PERFORMED? S NO K
	IBE HOW INJURY OCCURRED, (EA	iter noture of injury in Port	I or Port 1, of ilem 18)		
Hour a.m. Wi		E OF INJURY (Home, form, ry, street, affice bldg., etc.)	20f. (City or fawn)	(County)	(State)
21. I certify that I took charge of the death resulted from: Natural couses				, Inquiry 🔼,	ond find that
ACTUAL BOTHER	7-A1	, M.D. CHIEF MEDICAL EXA		1	DATE SIGNED
EXAMINER'S NAME (Type) Dr. B. O. Thoma	ıs	DEPUTY MEDICAL EX		11./7/	1958
220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or county)	(Stote)
Burial Nov.8,1958	Eb. Luke's Co	metery	Frederick (County, 1	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRES\$		BY REGISTRAR 24b. REGI	STRAR'S SIGNATURE	
M. R. Etchison & Son, Fre	derick, Marylan	d DATE NO	v1 0'58 a	King & Track	1

The second of the second

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12504

CERTIFICATE OF DEATH

13719

10003	<u> </u>		•	Reg. Dist.	No.
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Wh			before admission)
Frederick	MARYLAND	Maryland	ь. со Ва Т	timore C	14 there
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		utside corporate limits, w	rrite RURAL and give	nearest town)
RURAL and give nearest town) Cullen. Md.	1585	B_ltimor	е	e	
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION	address)	d STREET ADDRESS			e IS RESIDENCE
Victor Cullen State	Hospital	26 North	Curley St		ON A FARM? YES NO 1
3. NAME OF First	Middle	last	4. DATE	Month	Day Year
(Type or print) Thomas	Leo KEN	NY	DEATH NOVE		12 58
		B. DATE OF BIRTH	9 AGE (In last birth		EAR IF UNDER 24 HRS.
Male White WIDON	REP NEVER MARRIED	Sept. 27.1	902 56	day) Months Do	yt Hours Min
10a USUAL OCCUPATION (Give kind of work done) 10b	. KIND OF BUSINESS OR INDUS		7 4 7	12. CITIZE	N OF WHAT COUNTR
Steel Worker	Steel.	Virgini	a	U.	S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		I	
John Kenny		Rose Reg	an		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IN	IFORMANT		Address	
	18-09-1213	Patient (Ho	spital Ch	art)	
18. CAUSE OF DEATH [Enter only one couse per				1	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: MY	ocardial Degi	eneration w	ith Arter	inselera	ONSET AND DEATH
4.0.2.1 DUE TO		DATOL GOLD III			/O.L.S
Conditions, if any, which }					
gave rise to immediate	· · · · · · · · · · · · · · · · · · ·				*
coese (a), stating the under-					
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART 1	a) 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS PULMONARY TUDETC 200. ACCIDENT WAS UNDERLYING D OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ulosis. Far	Advanced.			PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRED		art I or Port It of item 1!	B.)	0 10
OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(Cau	nty) (Stote)
Haur a.m. 19 While at wa	B Not while rac	tary, street, office bldg , etc.)		
21. I certify that I attended the decea	sed from 7/29/19	54 10 10 1	/30/195810	that I las	t saw the decease
glive on 11/30/58	and that death	accurred at 2:00	N oon the saw	, mar r lus	data stated above
-07	A and mar deam		LDDRESS (Street, city and		DATE SIGNE
SIGNATURE TIT- VEATO			mber 30		
	P	n.u	144556h	17. <u>1</u> 9	*********
PHYSICIAN'S NAME (Type) T. F. Vestal		Cullen	Ma		
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, to	own, ar county)	(State)
REMOVAL (Specify) Burial 12-4-58	Holy Redeemer			ore, Mary	, ,
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b		
20 1 KN K-	B. DT . O.		FC 9 '58	Carl , A	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL PLAECTOR: After this certificate has been signed by the attending physician and completely filled 3-by the functor page 3 she has been seen been signed by the please remove carbon papers. Pages 1 d should be filled with the registrar prior to buriof, cremation, or removal, and in any event within 72 hours after death. VS ■15 (4) 1SM 9/S5



VS A15 (4) 1SM 10/57 M

12483

12472 CERTIFIC

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH				2. USUAL RES	DENCE (WI	here deceased liv	ed. If institution	: Residence befo	re odmiss	ion)
o. COUNTY	Frederick		MARYLAND	o. STATE	Maryk	a nd	b. COUNTY	Fre	ederi	ck
b. CITY OR TOWN (IF RURAL and give ne Frederic		ite c. LENGTH	OF STAY IN 16 Years	c. CITY OR		outside corporate lerick	hmits, write RUI	RAL and give ne	aresi town	1)
OR INSTITUTION	AL (If not in hospital, give shock Memorial H			d. STREET		Fourth	Street			IDENCE FARM?
3. NAME OF DECEASED	First		Middle	Lo	ıt	4. DATE	Month	De	y '	Yeor
(Type or print)	LILLIE		20	LENHA	RT	DEATH	Novem	ber 20),	1958
5. SEX	6. COLOR OR RACE 7. A	_		B. DATE OF BIRT		! !		Months Days	IF UNDE	R 24 HRS
Female		OWED 🔲	DIVORCED	February	12,	1875	33 yrs			
during most of work Domest	N (Give kind of work daneing life, even if retired)	Celleg			lace (Stote		(۲)	USJ		COUNTRY
13. FATHER'S NAME				14 MOTHER'S						
Henry	W. Lemhart				Juli	a Stale	y			
IS WAS DECEASED EVER	IN U.S. ARMED FORCES? Typs. Are wor or dulas of service)	None		r. Glenr	H. L	enhart,	Woodsbo		ylan	d
Candilions, if on gave rise to in cause (a), storing I lying cause last. PART II. OTH	mediate (3 Chu	crosele	Amen	loney	hitis	Filmell us		PERFO	AUTOPSY PRMED?
PART II. OTH	CAUSE OF DEATH	DESCRIBE HOW I	INJURY OCCURRE	D (Enter nature a	f injury in f	Port I or Part II o	f item IB.)			
20c. TIME OF INJURY Haur a. m. p. m.	W W	id, INJURY OCCU hile Not wh work at work	ile for	ACE OF INJURY (clary, street, office	Home, form bldg., etc.	1		(County)		(State)
21. I certify the clive on	at I attended the decided 1/-20-1		11-13 nd that death		4:15F	//- 2-0 M, from the ADDRESS (Street, Irch Str	city or town, st	d on the do	te state	deceased abave ATE SIGNED 2/195
	Or. Rex R. Ma	rtin		Fre	deric	k, Mary	land		who maps maps down maps and an	
220 BURIAL, CREMATION REMOVAL (Specify)			OF CEMETERY O				(City, tawn, or		(Stote	
Burial 23 FUNERAL DIRECTOR'S	Nov.24,195	O Moun	t Olivet	Cemeter		Frede			ryla	nd
	son & Son, F		• •	nd		D BY REGISTRAR		RAR'S SIGNATU معداہ ۔		
			,		DAIR 111	J. N. V. UU	Lin	Lug. S. The	und	

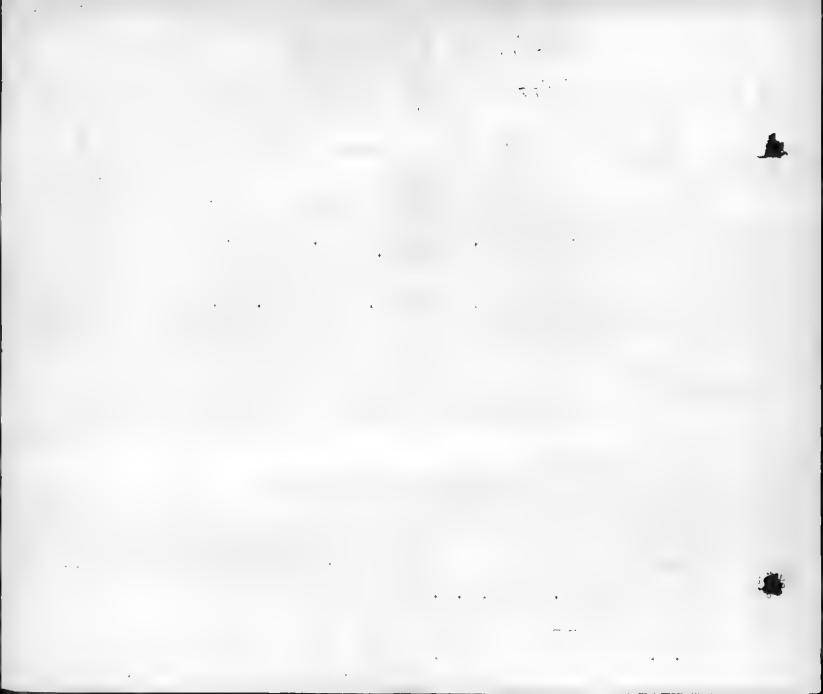


L	16210	CERTITION	TIE OI DEATI		Reg. Dist. No.
	• COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryla	nere deceased lived. If institution and b. COUNTY	Residence before admission) Frederick
	b. CITY OR FOWN (If outside corporate limits, write RURAL and give meanest town) Frederick	40 Years	// Freder	outside carparate limits, write RU	JRAL and give nearest lawn)
	d. NAME OF HOSPITAL (If not in hospital, give street of NASTITUTION Street	oddress)	d STREET ADDRESS	est South Stree	e IS RESIDENCE ON A FARM? YES NOW!
103	NAME OF First DECEASED (Type or print) WILLIAM	Middle SYLVESTEF	LEWIS	DEATH NOV	rember 3, 1958
	Male 4. COLOR OR RACE 7 MARR WIDOW!		B DATE OF BIRTH 26 Feb 1892	9 AGE (In years last birthday) OO yrs.	IF UNDER 1 YEAR IF UNDER 24 MRS Months Days Hours Min
1	0o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Manager (Retired) Meat Dep	ot. American St	ores Co.	Maryland	12 CITIZEN OF WHAT COUNTRY USA
ľ	John Lewis	actife tealoo.	Mattie Po		
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes no or unknown) [If yes, give wor or date of service]		NFORMANT S. Fairybelle	E. Lewis (Same	44
	Conditions, if any, which gove rise to immediate couse (o), stating the under.	refor (o), (b), and (c).] reform vascul ten vascul		v sis, re curr	interval Between onset and Death Grovers
	PART II. OTHER SIGNIFICANT CONDITIONS C AT LEWY SCHOOL C 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. A	ase, fuguerter	-sive cartinoss	a DEDECADATE DO
0.00		Not while for	ACE OF INJURY (Home, form tory, street, affice bldg., etc.	20f. (City or town)	(County) {State}
	21. I certify that I attended the decease alive an Nov. 3, 19 S ACTUAL SIGNATURE ROLL A. Michels NAME (Type) Ralph L. Michels	S, and that death	M.D. Shopping	_M, fram the causes at ADDRESS (Street, city or town, s	that I last saw the decease and on the date stated above the part signs 11 -4-58
2	20 BURIAL, CREMATION, 225 DATE THEREOF 11-6-58	22c NAME OF CEMETERY OF Frederick Memo		22d. LOCATION (City, town, or Frederick, Ma	
2	G FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fre	derick, Maryla	and 24a. REC'I		TRAR'S SIGNATURE

TO HOSPITAL OF ATTENDING FIFYSIFIAN: The fow requime that the death certificate be executed within 24 hours after death. Page 4 the funeral director. ■ay be retained by the Baspital or attending physician.

TO FUNERAL SECTOR: After this certificate has been signed by the attending physicial and campletely filled in page 3 shaped be detached for use as the burial-transit permit. Then pleam place make make make person pages 1 at the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

_	PAT . A	

	1247	4 C	ERTIFIC	ATE OF I	DEATH	ł	R	leg. Dist. No.	2.000
1. PLACE OF DEATH COUNTY Frederick			MARYLAND		IDENCE (Who	Residence before	fence before odm ssion) Frederick		
b. CITY OR TOWN (If outside RURAL and give rearest tow Frederick		c. LENGTH OF STAY IN 15		TOWN (If or	AL and give neare	st town)			
on NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION Frederick Memorial Hospital				/ d. STREET ADDRESS LOS East Ninth Street e. IS RESULT ON A YES					
3 NAME OF DECEASED (Type or print)	CHARLES	Н	Middle AROLD	to LO		4. DATE OF DEATH	Novembe	or 22	Yeor 19 58
5. SEX 6. COL		MARRIED NEVER	MARRIED	B DATE OF BIRT		9 A(birthday) N	UNDER 1 YEAR IF	
100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) Machinery Operator Municipal Govt. Maryland 12 CITIZEN OF WHAT CO									
13. FATHER'S NAME				14 MOTHER'S	MAIDEN N	AME		<u> </u>	
John	Clifford	Long			Et	hel Mer	rick		
15. WAS DECEASED EVER IN U.	. ARMED FORCES?	16 SOCIAL SECUI	RITY NO 17.	NFORMANT			Address		
Kes. No-P	ar	217-01-5	869 M	rs. Elle	n May	Long- Sa			
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]							INTERV	AL BETWEEN
PART I. DEATH WAS IMMEDI	PART I. DEATH WAS CAUSED BY: (Manary / Christians							3	AND DEATH
420.1	420,1 DUE TO /								
Conditions, if any, which	th) Ho)	€ *							
gave rise to immedia	gave rise to immediate								
lying cause last.	coase (o), storing the anger-								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO								
	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)								
20c. TIME OF INJURY Month	, W	0d INJURY OCCUR hile Not while work at work		ACE OF INJURY (ctory, street, office	Hame, form, e bidg., etc.)	20f. (City or to	wn)	(County)	(State)
21. I certify that I at	tended the dec	eased from	1604.22	, 1953	to 1	, UL- 22	195	hat I last saw	the deceased
alive on A 11	71	1958, and	d that death	accurred at	5:00P;	M. from the	couses and	an the date	stated above
, 7	1.1		/		A	DDRESS (Street, o	ity or town, stat	le)	DATE SIGNED
SIGNATURE 1 (5)	2401/1 c	Leverile	0/2	M.D. Prof	ession	al Build	ling]	1/25/58
PHYSICIAN'S Dr. Be	rnard 0.	Thomas		Fred	erick,	Maryla	1d		
220 BURIAL CREMATION, 22b.	DATE THEREOF	22c. NAME C	OF CEMETERY O	R CREMATORY	12	22d. LOCATION (City, town, or c	ounty)	(State)
Burial No	₩.26,195	8 Mount	Olivet	Cemeter			erick,	**	yland
23. FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS			240. REC'D	BY REGISTRAR		AR'S SIGNATURE	
M. R. Etchison	& Son, 1	Frederick	, Maryl	and	DATE NO	V 2 6 '58	(,*	1. 1 8 Frau	4.



*2 :11

-MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12475MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12486

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Frederick	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. STATE Maryland b. COUNTY Montgomery										
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF Frederick Since	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattstown										
à a	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street of Frederick Memorial Hospital	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\) NOW										
	DECEASED	Middle E MARIE		4. DATE OF DEAT	Mont Nov	th Doy						
	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MU Female Golored Widowed Divol		DATE OF BIRTH	L9 1 0	9. AGE (In years lest priheday)	IF UNDER TYEAR	IF UNDER 24 HRS. Hours Min.					
1	10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES during most of working life, even if relized) HOUSE-WIIE	Y 11. BIRTHPLA		IZEN OF WHAT COUNTRY?								
A	13. FATHER'S NAME	FATHER'S NAME										
gal.	Charlie Hackey	Charlie Hackey				Nettie Cromwell						
	15. WAS DECEASED EYER IN U. S. ARMED FORCES? (You, no. or unknown) (If you, give wor or dokes of service)	. WAS DECEASED EYER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, IN				NFORMANT Address						
	No None	None Forest E. Lyles (Same as item					n #2)					
	18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), etating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YEST NO IN THE PART III.											
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Tor CONTRIBUTING D CAUSE OF DEATH. Poured kerosene on an open flame in stove											
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Stole) 9 Hour 27 7-7, 1958 While of work of											
	21. I certify that I took charge af the remains described above, held an Autapsy, Inspection XX, Inquiry X, and find that death resulted from: Natural causes, Accident XX. Suicide, Homicide, Undetermined cause											
	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER (
	EXAMINER'S B. O. Thomas, M. D. DEPUTY MEDICAL EXAMINER (Type) ASSISTANT MEDICAL EXAMINER (Type) DEPUTY MEDICAL EXAMINER (Type)						Nov 1958					
	220. BURIAL, CREMATION. 226 DATE THEREOF PUTIAL (Specify) 226. NAME OF CI Fairvier				erick, Mai		(Stote)					
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick,	Maryla	nd	DATELOW 2 0		STRARS SIGNATUR						

VS. ATSME(S) SM 9/55

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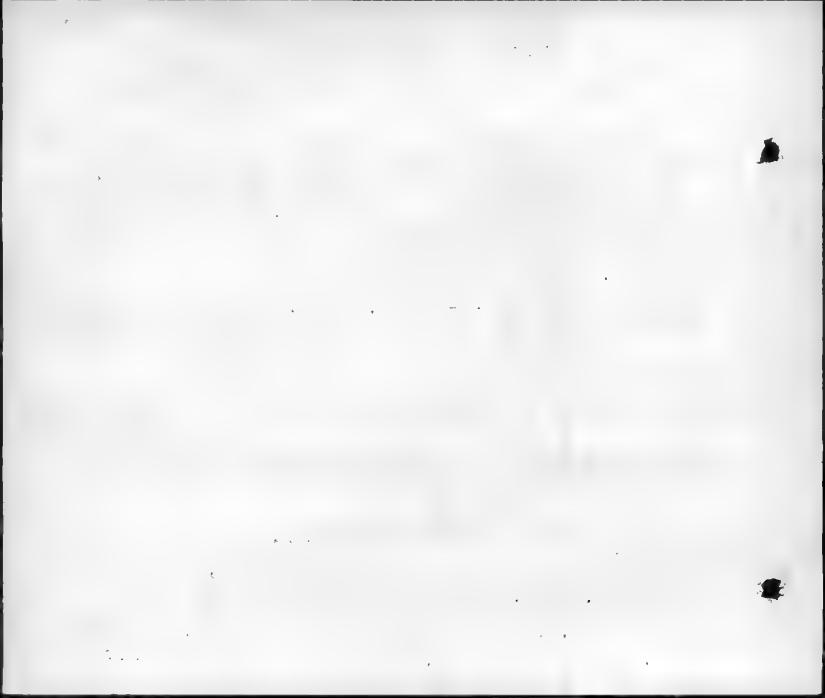


ISM 10/57



VS A15 (4) 15M 10/57 Reg. Dist. No.

- 1								red. nisi.	110.			
	PLACE OF DEATH o. COUNTY Frederick		MARYLAN	II a STATE	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission of STATE Maryland b. COUNTY Frederick							
	b CITY OR TOWN (If outside co RURAL and give neorest lown) Frederick			b c. CITY OR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick							
ŀ	d NAME OF HOSP.TAL (If not in haspital, give street address) OR INSTITUTION 517 Elm Street				/d STREET ADDRESS 517 Elm Street on A FAF yes □ No							
	3. NAME OF DECEASED (Type or print)	Middle THOMAS		MATHERS 4. DATE OF DEATH			November 2		Year 1958			
	5 SEX 6. COLOR Whi		ied 🚺 Never Married [Divorced [B. DATE OF BIRT		l lost	E (In years birthdoy) L yrs.	Months De	YEAR IF UND	Min		
\	10a USUAL OCCUPATION (Give kind during most of working life, even Salesman	0a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)								USA		
,	3. FATHER'S NAME Albert N. Mathers				14 MOTHER'S MAIDEN NAME Mary Chauncey							
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address No											
)	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO DUE TO (c) And	fartion a formal the contribution of the contribution of the contribution to DEATH	the branches	yeur othe TERMAN	al Disease con	DITION GIVE		PERF	D DEATH 2 . AUTOPSY ORMED?		
	PART II. OTHER SIGNIFI 200 ACCIDENT WAS UNDERLY OR CONTRIBUTING II CAUSE (IF EITHER, NOTIFY MEDICAL E.) 20c. TIME OF INJURY Month, Hour o m. P. m.	Doy, Year 20d It	CRIBE HOW INJURY OCCU	PLACE OF INJURY factory, street, affice	(Home, form,	20f. (City or tow		(Cou	unity)	(State)		
/	21. I certify that I attended the deceased from Jan., 1955, to 1//23, 1955, that I last saw the deceased alive an 1//22, and that death accurred at 9:00 A M, from the causes and an the date stated above. ADDRESS (Street, city or lown, stote) ACTUAL PHYSICIAN'S NAME (Type) Dr. Henry V. Chase Frederick, Maryland											
		.26,1958	Mount Olive			rd location (c			arylar			
	23. FUNERAL D RECTOR'S SIGNATUR M. R. Etchison	_	ederick, Mai	ryland		N 2 6 58		RAR'S SIGN				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12490

e. IS RESIDENCE

Day

ON A FARM?

YES T NO T

Year

10

Hours

INTERVAL BETWEEN ONSET, AND DEATH

> WAS AUTOPSY PERFORMED? YES NO T

> > (State)

DATE NOV 1 0 58

(State)

58.

Min.

12. m. 6) > f3

del

DEPUT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ADDRESS

Company , Middletown, Md.

24s. REC'D BY REGISTRAR

DATEFO

24b. REGISTRAR'S SIGNATURE

Clotia & Trans

Mie

(Stote)

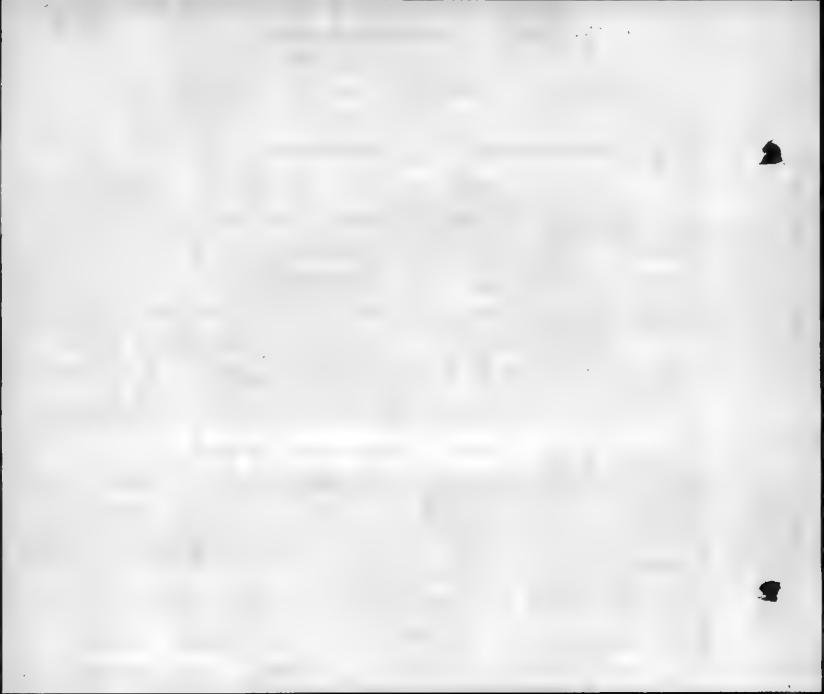
15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Ö

death.

death



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12493MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12506 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH b. COUNTY o. STATE Maryland Frederick Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.F.D.#1 Frederick-Rural-R.F.D.#1 1 Year d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) de STREET ADDRESS e. IS RESIDENCE ON A FARM Gas House Pike Gas House Pike YES NOTE 4 DATE Doy First Middle Month Year 1958 HARRY NORMAN MYERS DEATH November 9 AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months August h. 1898 WIDOWED [7] DIVORCED [7] White yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. B:RTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? USA General Marvland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

George W. Myers Fannie Crum 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrest Church St. Mr. Sterlie L. Myers, Frederick, Maryland No 214-10-3617 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which) gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18.) CAUSE OF DEATH. WEDICAL 20d. INJURY OCCURRED | 20s PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (County) (Stote) 20f. (City or fown) factory, street, office bldg., etc. o. m. Not while at wark at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry and find that deoth resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | **EXAMINER'S** Dr. B. O. Thomas DEPUTY MEDICAL EXAMINER NAME (Type)

22d LOCATION (City, town, or county)

24g, REC'D BY REGISTRAR

3 '58

DATENOV 1

Frederick County.

24b. REGISTRAR'S SIGNATURE

Cirthur S. Krous

Maryland

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

M. R. Etchison & Son, Frederick, Maryland

Methodist Cemetery (McKaig)

cute the 0 VS. A15ME(5) 5M 9/55

crematian

burial,

'n Page

9

Give

o. COUNTY

3. NAME OF

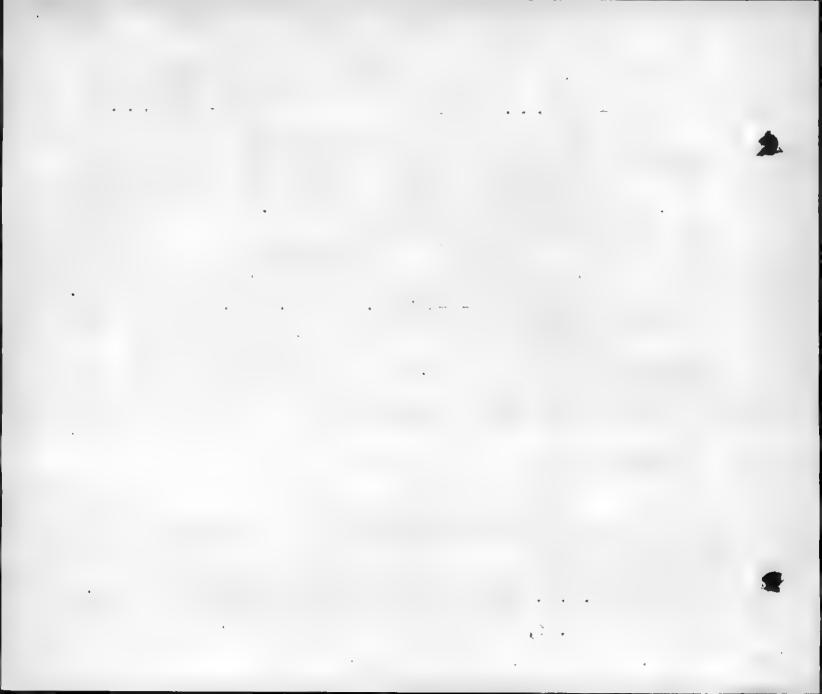
DECEASED

Male

(Type or print)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE



4 should DEPUTY

VS. A15ME 5M 2/57

				Keg. I	Dist. Na.				
1. PLACE OF DEATH q. COUNTY		20 FTM		Where deceased fived, if institution Resi-	dence before admission)				
Frede	erick	MARYLAND	o. STATE Mary.	land b COUNTY F	rederick				
b. CITY OR TOWN (11 outside con and give nearest town)	rparate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town					
Frederick		Hrs.	// Frederick	ς					
d. NAME OF HOSP TAL OR IT	NSTITUTION (If not in	hospital, give street address)	/ d. STREET ADDRESS		e SREJETN				
114 Carver A	pts		136 W. Sout	th_Street	YES NO R				
3. NAME OF DECEASED (Type or print)	Fina James Jos	Middle seph Naylor Ji	losi P •	4. DATE Month OF DEATH NOV.]	Day Year				
5. SEX 6. COI	OR OR RACE 7 MA	RRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IFUNDE	R TYEAR IF UNDER 24 HES				
Male Col	lored wipo	WED DIVORCED 1	March 8- 1920	38 yrs. Months	Doys Hours Min.				
during most of working life, ex Concrete Labore	kind of work done 10 ven if retired)	b. KIND OF BUSINESS OR INDUST ************************************	RY 11. B RTHPLACE (Stote Frederick	or fore gn country) 12 Cl	T ZEN OF WHAT COUNTRY				
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME					
Ollie Navlor			Mary Ambusi	n					
15. WAS DECEASED EVER IN U	S ARMED FORCES?	16. SOCIAL SECURITY NO. 17. P	FORMANT	Address	Frederick-Md.				
No		220-10-5151 Vi	rginia Bernio	ce Navlor-136 W. So	outh St.				
982 X Canditions, if any, white gave rise to immediate coute), stating the underlying cause fost.	DUE TO DUE TO Column (c)	Hensey	ud into		10 munter				
S. S				INAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO				
	NG 🗅	RIBE HOW INJURY OCCURRED (E	eter noture of infury in Par	l or Part II of riem IB)					
20c. TIME OF INJURY M Hour a m. p m.	V	Od. INJURY OCCURRED 20e. PLACE Thile Not while factor I work at work	CE OF INJURY (Home, form bry, street, office bidg., etc.	20f (City or fown) (Ce	ounty) (Stote)				
21. I certify that I to	ook chorge of th	e remains described abo	ve, held on Autops	y 🔲, Inspection 🖾, Inqui	iry 🚮, and in my				
opinion death resulte	d from: Nature	al causes [], Accident [], Suicide [], I	Homicide 🔯, Undetermined	manner [
ACTUAL SIGNATURE	L' Placer	- ce	_M.D. CHIEF MEDICAL EX	No. rel	DATE SIGNED				
EXAMINER'S B.O.T	homas sr.		ASSISTANT MEDICAL I	V Kan 3	(958				
220 BURIAL, CREMATION, 226 REMOVAL (Specify)	DATE THEREOF	27c NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, fown, or county)	(Stole)				
	L-5-58	Fairview		Frederick, Maryla	nd				
23, FUNERAL DIRECTOR S SIGNA	TURE	ADDRESS		D BY REGISTRAR 246, REGISTRAR'S SI					
Charles E. Hick	s III Fre	ederick. Maryland	DAYDV:	2 4 '58 Chilhun S. A	trand				



24a, REC'D BY REGISTRAR

DATE NOV 2 6 '58

246, REGISTRAR'S SIGNATURE

Commy S. France

(Stote)

O VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland

within 24 hours after death?



VS m15 (4) 15M 9/55 I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12483 CERTIFICATE OF DEATH

L	19300	CERTIFIC	AIE OF DEATI	mi		Reg. Di	st. No.			
1.	PLACE OF DEATH B. COUNTY Frederick	MARYLAND	1 H. J. A. 47		d. If institution b. COUNTY	_	eder		on]	
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) Frederick	C. LENGTH OF STAY IN 16		outside corporate erick, N			give neal	rest fown)	
	d. NAME OF HOSPITAL (If not in hospital, give street of institution lirederick Lemorial		d. STREET ADDRESS	west Chu	rch Sti	reet	•		DENCE FARM? NO 📆	
3.	NAME OF DECEASED OSBORNE (Type or print)	INGLE	PRICE, SR.	4. DATE OF DEATH	Nover	her :	12, ^{Day}		9 58	
S.	Male 6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED	July 2, 18	91 9. 6	GE (in years is (or) hdoy) yrs.	Months	1 YEAR Days	Hours	R 24 HRS. Min.	
10	USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) Self-employed Ma	KIND OF BUSINESS OR INC			r)	12. CIT	U.S		COUNTRY?	
13.	John E. Price		Mary C.							
15. {¥	is, no or unknown) (If yes, give wor or doles of service)	SOCIAL SECURITY NO. 17.	Osborne	I. Price	Addr Jr.				Colleg	
	1B. CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	e for (a), (b), and (c)-]	die & Day	inch			INTE	RVAL BET	WEFN DEATH	
	Conditions, if ony, which gave rise to immediate DUE TO	Cardio >	^	chisea	el-		54	re		
_	lying cause lost. (c)	Dinbetu	maletis				34	Suna X		
CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIV	EN IN PAR	T 1(o) 19	PERFO	UTOPSY RMED?	
	200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in	Part I or Part It of	ilem 18.)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. In Hour a. js. 19 while of work	Not white	PLACE OF INJURY (Home, farm factory, street, affice bldg , etc	n, 20f. (City or to	own]	(0	County)		(Stote)	
	21. I certify that I attended the decease alive on 2007 12 19		1/, 19,5 %, ta th occurred at							
	ACTUAL BLOTTAN		_M.D	ADDRESS (Street,	city or town,	state)		DA	TE SIGNED	
	PHYSICIAN'S Dr. B. O. Thomas	, Sr.	228 N. Ma:	rket St.	Frede	erick	, Ma:	ryla	nd	
22	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY Mt. Olivet		22d. LOCATION	(City, town, o		nd	(State)	
23.	FUNERAL DIRECTOR'S SIGNATURE TO LOT ON.	ADDRESS		D BY REGISTRAR	24b. REGIS		SNATUR			



the registrar within 72 hours after death. After this in by the funeral director, the third copy and this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M **

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opy may be retained by the hospital or attending physician.

The bottc

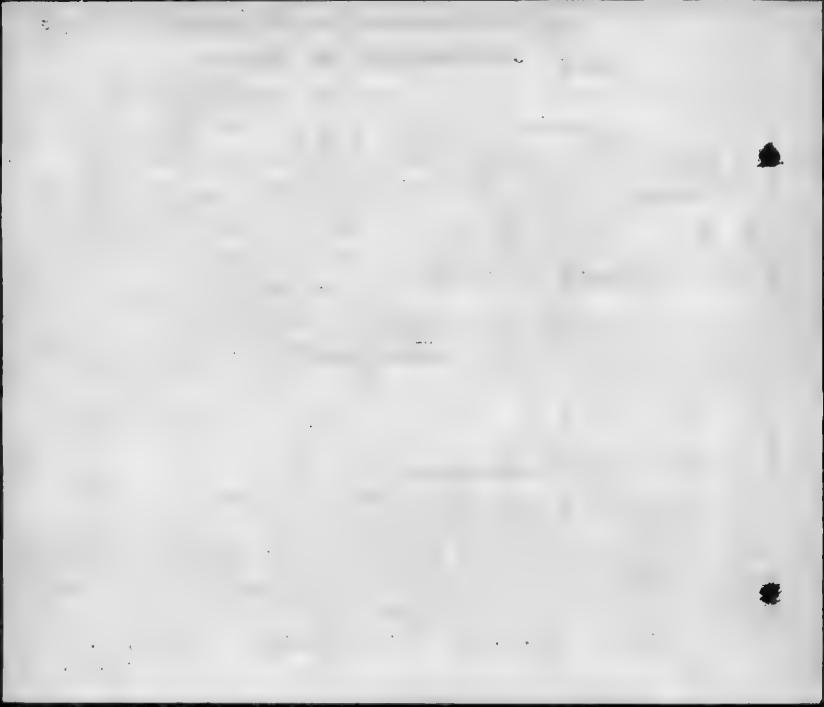
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12497

12507

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED							
COUNTY FRED WICK MARYLAND	man my 1 1 minus & 1 1							
CITY (M outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)							
OR end give neerest town) (in this place)	TOWN 72 2 2 2 2 4 4 +							
HOSPITAL OR	1/ TO MOUNTE							
INSTITUTION OR / /	STREET (II rural give location) ADDRESS							
STREET ADDRESS Frederick County Chimic Hos	b							
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)							
(Type or Print)	Purdrum DEATH 1/ 27 1058							
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	6/10.61///							
RACE WIDOWED, DIVORCED, (Specify)	Months Days Hours Min.							
1 W. Q.OW 1/0/	28/39 69 YES.							
10e. USUAL OCCUPATION (Giva kind of work done during most of working life, even il OR INDUSTRY	11. BRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?							
done during most of working life, even # OR INDUSTRY OWN Home	Prederick Co							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Benjamine Frank Zuetzel	Alice Comile Boker							
15. WAS PECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL/SECURITY NO.	1 17, INFORMANT & ADDRESS							
(Yes, no, or unk.) (If Yas, give wer or dates of service)	10 1100 C 1 171							
	With Crawford K.D. Supt of 1405 p							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN OMSET AND DEATH							
1. I IMMEDIATE CAUSE (A) Chronice	muicea Ritio /Mr. Com							
	11 1 .							
DISEASES OR CONDITIONS, IF ANY, (B)	Cettore in							
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO								
10 1 to track	- Uleine W. Kum							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?							
	YES NO 🗗							
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (F EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stata)							
	21F. HOW DID INJURY OCCUR?							
M. at work at work	>- ,							
22. I hereby certify that I attended the deceased from 1627.2	1927, to 1047 1, 19 That I last saw the deceased							
alive on 19.5 and that death occurred at	1.2							
SIGNATURE /	ADDRESS (Street, city, town, state) DATE SIGNED							
// The cell M.D. /	Mind Most Tracices his Merzis							
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, Iown, or county) (State)							
REMOVAL (SPECIFY) Burial Nov.29.1958 Provider	nce Cemetery Kemptown, Md.							
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS							
D.C 18 C S. France	Du f Mola Tapamascus, Md.							
DATE	CACIM ON THE WORLD TO THE STATE OF THE STATE							



e. IS RESIDENCE ON A FARM? YES NO

Year

19 3

Day

IF UNDER TYEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

Days

Reg. Dist. No.

Months

Address INTERVAL BETWEEN PERFORMED? YES NO (County) (Stote) . 19 a that I last saw the deceased and that death occurred at 9.30 AM, from the causes and an the date stated above. ADDRESS (Street, city or town) state) DATE SIGNED NGI 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) (State) Harmons 240. RECID BY REGISTRAR DATE

o VS A1S (4) 15M 9/S5

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FUNE oge 3

pode

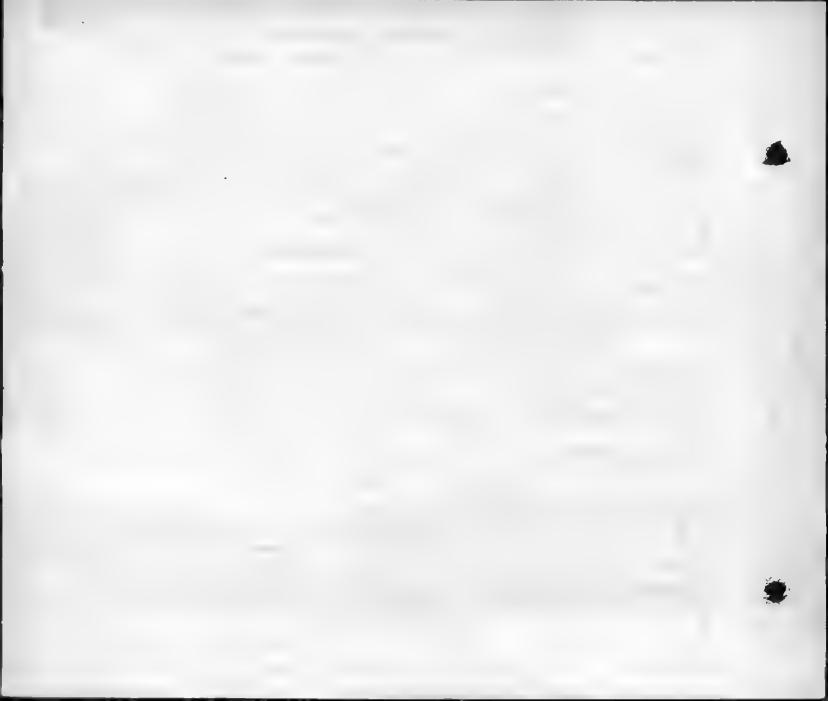
PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION.

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF



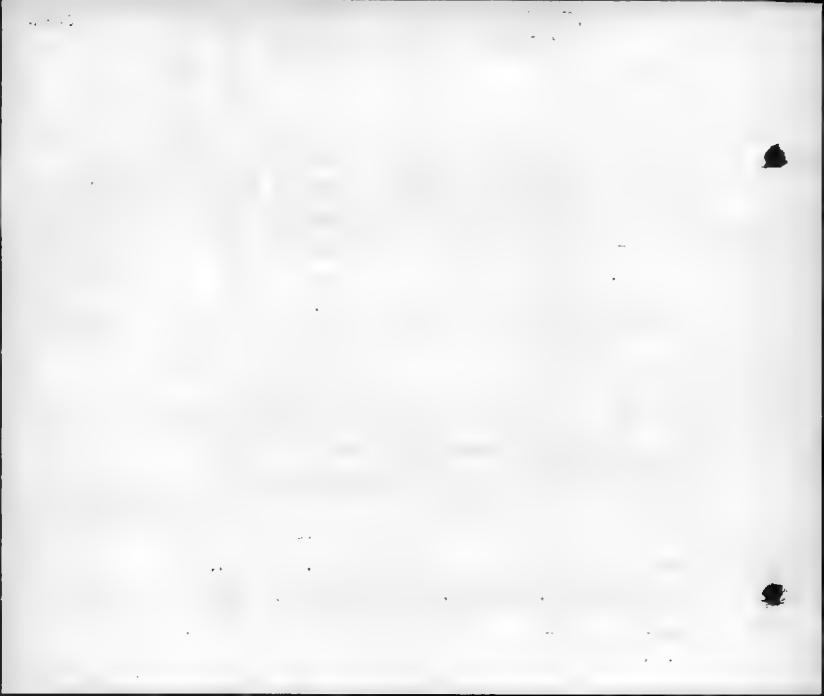
VS A15 (4) 15M 10/57 10

12499

12484 CERTIFICATE OF DEATH

Reg. Dist. No

-										wall plan		
	PLACE OF DEATH o. COUNTY Fre	derick		MARYLA	11	- CTATE	Maryl		f lived. If institut b COUNTY			ission)
	b. CITY OR TOWN (I RURAL and give no Frederic		ls, write	c. LENGTH OF STAY IN	1Ь		TOWN (If		rate limits, write (RURAL and giv	ve nearest to	wn)
	or institution 204 East	Seventh St	treet	address)		d. STREET 204		Sevent	h Street		ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	ANNT)		Middle VESTA	R	CINOMCE	ast .	4. DATE OF DEATH	Mo	vember	Day 28	Yeor 1958
5	SEX			HED NEVER MARRIED		DATE OF BIRT					YEAR IF UN	
]	Female	White	WIDOWI	DIVORCED		Aug	1880		9. AGE (In years lost birthday) 78 yrs	-	Pays Hour	
10c	USUAL OCCUPATION during most of work	ing life, even it retired	done 10b.	KIND OF BUSINESS OR	INDUSTR		rvlan		ountry)	12 CITIZ		AT COUNTRY?
13.	FATHER'S NAME					4. MOTHER				00	4.5	
	John W.	Suman						Soude	r			
15	WAS DECEASED EVE	IN U. S ARMED FOR	CE\$? 16	SOCIAL SECURITY NO.	17. INFC	RMANT			Ado	Bress		
	No			None	Char	rles M	. Red	mond	(Same as	item ;	#1)	
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), staling the under- lying cause last.									Lich			
CERTIFICATION	20g ACCIDENT WA	S LINDERIVING [7]		CRIBE HOW INJURY OCC						VEN IN PART I	PERI	ORMED?
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINERS										
MEDICAL	20c. TIME OF INJUR Hour o.m. p.m.	/ Manth, Day, Yea	While at worl	Not while	le. PLACE factor	OF INJURY street, affic	(Hame, fari ce bldg., en	m, 20f. (City c.)	or town)	(Co	unly)	(State)
	ACTUAL	st lattended the	decease , 19	and from that d			4:15	A.M. fran	the causes of reet, city ar town,	and on the	date sta	ted above. DATE SIGNED
		ernard 0. :		s, Jr.		Fred	erick	Mary	land		·	*
220	BURIAL CREMATION REMOVAL (Specify)	11-30-58	F	Mount Oliv			У		erick, M			ote)
23	FUNERAL DIRECTOR'S	SIGNATURE	n, Fr	ADDRESS ederick, Ma				'D BY REGIST	RAR 24b. REGI	STRAR'S SIGN	IATURE	
											3/2-54-55	



hours after death.

executed

certificate

death

that the

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

en Territoria Marie de la compansión de

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CERTIFICATE OF DEATH

Reg.	Dist.	No.
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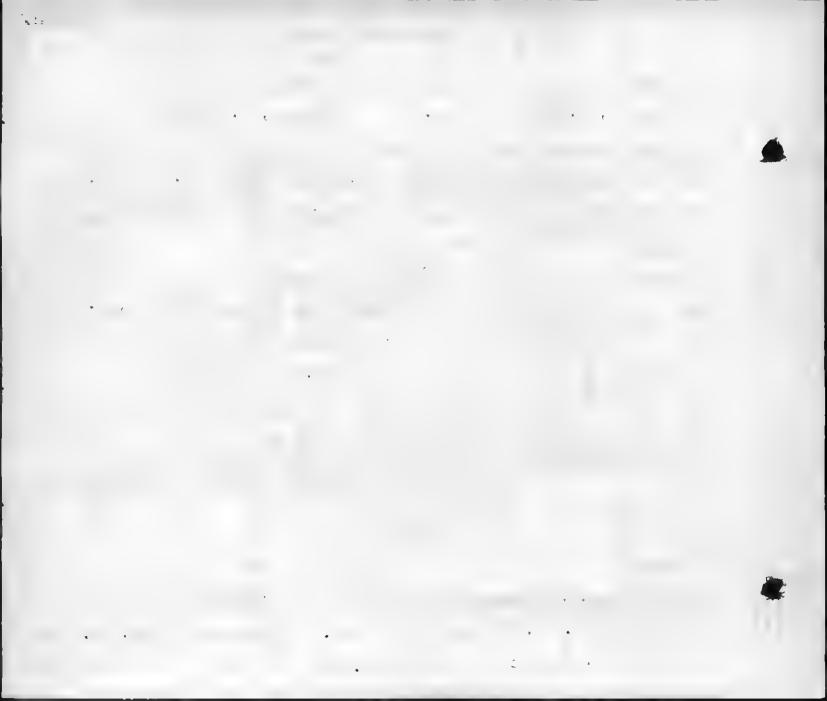
	1000	<u> </u>				-		Reg. Dist. N	0.	
PLACE OF DEATH				2. USUAL RES	DENCE (W)	ere deceased	lived. If institution	ni Residence be	ore admi	ssion)
Freder	of old		MARYLAND		1 and		b. COUNTY	med en 1	ماد	
	(If outside corporate limits,	write c. LENG	TH OF STAY IN 16	41.00	THE RESERVE	outside corpor	ole limits, write RI			vn)
	it. Md. Rural	3 3	rs.	X Thu	rmon	t. Md.	Rural			
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, give	street oddress)		d STREET	ADDRESS				ON	SIDENCE A FARM? NO TO
NAME OF DECEASED (Type or print) TO	fint of bond no	Schiff	Middle	lo C+ -4 mhe		4. DATE OF DEATH	Mont	th E	la	Yeor 19 5 8
SEX	6. COLOR OR RACE 17		EVER MARRIED	8. DATE OF BIRT			9. AGE (In years	IF UNDER 1 YEA	RIFUNE	
		-	DIVORCED				lost birthdoy)	Months Days	Hours	
Female		VIDOWED		12-15			67 ^{yn}	8 K X of K		Ι
during most of wo	ION (Give kind of work do orking life, even if retired)	ne 105 KIND OF	BUSINESS OR INDU	JSTRY 11 BIRTHP	LACE (Stote	or foreign co	untry)	12 CITIZEN	OF WHA	T COUNTR
Housewif	e	Nor	ie	G	erma	ny		765	ma	7724
B. FATHER'S NAME				14 MOTHER'S	MAIDEN	NAME				0
Unknow		Steir			nkno	WI)				
Yes no or unknown)	FER IN U. S. ARMED FORCE Ill yes give wor or dates of serv		ECURITY NO. 117.	INFORMANT			Addr	·ess		
No		No		Vaclay]	Novak	Thur	mont, M	d. F	ura
Conditions, if gove rise to couse (o), statin lying couse losi	g the under: DUE TO	with	e gene	ralio	ed	net	estas	· N	24	eas
PART II O	THER SIGNIFICANT CONDI							EN IN PART 1(0)	PERF	AUTOPSY ORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	06. DESCRIBE HO	W INJURY OCCURR	ED. (Enter noture (of injury in	Port f ar Part	II of item 18.)			
20c. TIME OF INJU Hour o. m p. m	10	20d. INJURY OC While Not at work at w	while fe	LACE OF INJURY octory, street, offic			or town)	(Caunty	1)	(State)
21. I certify alive on ne	that I attended the a		and that deat		12;3		the causes a		ate sta	
ACTUAL SIGNATURE	horles 1	Will	lamos	M.D C	ny	retol	ung ,	md .	260	4,129
PHYSICIAN'S NAME (Type)(has R. Will	1 ame			Emm	itsbu	rg 🛚	D		
	ION. 226. DATE THEREOF		ME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town, o	or County)	(Ste	ole)
BUT 1 1							-		- 12.1	
3 FOHERAL DIRECTO			ue Ridge	e Cem.	D4- 000	Thur,	nont "	TECK (IDE	MD_
1) www.	ATAIN TO WILL	The state of the s			1					
Hay mon	d E. Creage	er	Thurme	ont Ma	DAMOV	6_'58	Circh	us S. Krau	4	

TO MOSPITAL BY ATTENDING PHYSELIAN; The low require that the death certified be executed within 2m hours often death; Roge m the funeral director, is should be filed with may be retained by the haspital ar attending physician.

TO FUNER ** RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 s ** be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registration principal spiral forms often death.

V\$ A15 (4) 15M 9/55

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23. FUNERAL DIRECTOR'S SIGNATURE
M. R. Etchison & Son, Frederick, Maryland

CERTIFICA	ATE OF DEATH	Reg. Dist, No.
MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE Maryland	If institution: Residence before admission) COUNTY Frederick

Marion.

24a. REC'D BY REGISTRAR

DATE

Virginia

246 REGISTRAR'S SIGNATURE

Fr	ederick	MARYLAND	Maryl Maryl	and b. c	Freder Freder	ick		
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits,	write RURAL and give	nearest town)		
Frederi	CK	l Day	X Ijamsvil	le-Rural RD	#1			
d. NAME OF HOS	PITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE		
Frederi	ck Memorial Hosp	ital	Doctor P	erry Road		ON A FARM? YES NO 🔀		
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	4. DATE Month			
(Type or print)	IMOGENE	GARLAND	SHUPE	DEATH	November	10, 19 58		
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I		EAR IF UNDER 24 HRS		
Female	nale White widowed Divorced 30 Aug 1928 lost birthday) Month							
10a. USUAL OCCUPAT	TION (Give kind of work done 10b. orking life, even if retired)	KIND OF BUSINESS OR INDE	ISTRY 11. BIRTHPLACE (Stot	le ar fareign caunity)	12. CITIZE	N OF WHAT COUNTRY?		
Clerk	orking life, even if fented)	Drug Store	Tenn.		U	SA		
13. FATHER'S NAME		<u> </u>	14. MOTHER'S MAIDEN					
Clay	Garland		Delsi	e Burke				
IS WAS DECEASED E	VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT		Address			
(Yas, no or unknown) NO	(If yes, give wer ar dates of service)	12-24-4504	Charles F. Sh	upe (Same	as item #2)		
Conditions, if gove rise to cause (a) to living cause to Part II. O	immediate g the under to (c). THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CONDIT	ION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED?		
OR CONTRIBUTION (IF EITHER, NOTIF	IG CAUSE OF DEATH	CRIDE HOW INJURY OCCUR	D. (Enter nature at injury in	i rarr i gr rari ei ar Hem	(0.)			
ZOc. TIME OF INJU Haur a. m p. m	. While	NJURY OCCURRED Not while tk at work	ACE OF INJURY (Home, for inclury, street, affice bldg., e	m, 20f. (City or town)	(Covi	nly) (Slote)		
21. I certify	that I attended the deceas	ed fram Nov. 9	1958 , to	Nov 10	1958 that I las	t saw the deceased		
alive an		and that deatl		A. M. from the co	uses and on the	date stated above		
	A 1	0.0		ADDRESS (Street, city of		DATE SIGNED		
ACTUAL SIGNATURE	Coll & lui	July	M.D. Shopping	Center		11-11-58		
PHYSICIAN'S NAME (Type)	Ralph L. Michels	, M. D.	Frederic	k, Md.				
220. BURIAL CREMAT		22¢ NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City.	town, or county)	(State)		
Removal Specif	" 11-11-58	1		Marion.	Virginia			

TO FUNER FREC Page 3 stand be the registrar priar TO HOSPITAL OR VS A15 (4) 1SM 10/S7

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4



VS A15 (4) 15M 9/55

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, the funeral director,	should be filled with	K
Filled	iges 1 2 2	
in and campletely	papers. Po	SOF.
cian and	carbon	s ofter di
g physic	remove carba	2 hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12492 **CERTIFICATE OF DEATH**

				CER	IIIICA	IE OF L		Reg. Dist. No.						
	1. PLACE OF DEATH a. COUNTY	Frederic	k	MA	RYLAND	2. USUAL RESID	ence (Wi			The tax array		e before o		
	b. CITY OR TOWN (I RURAL and give no	f outside carporate limitarest tawn)	ts, write	c. LENGTH OF STA	AY IN 1b	c CITY OR 1			rate limits,	write RUE	AL and g	ve necrest	lawn)	
	Brunsw	ick		42 yes	rs	Bri	msw	ck						
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, o	AVO			d STREET A	DORESS	121	9th	Ava	nue	•. IS RESIDENCE ON A FARM? YES NO		
	3. NAME OF	Fir	31	Midi	ite	Los		4. DATE		Month		Day	Year	-7
	(Type or print)	Lee		Bur	gess	Smit	h	OF DEATH		17		5	19 0	58
	5. SEX	6. COLOR OR RACE	7. MARR	IED MEVER MAR	RIED 8	DATE OF BIRTH	ı	-	9. AGE (In			YEAR IF		
	Male	White	WIDOW		CED 🔲	June 8	18	396	lost birt	hdoy) /	Months (Doys He	ours M	fin
	100 USUAL OCCUPATIO	N (Give kind of work of	dane 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPL	ACE (State	or fareign c	ountry)		12. CITIZ	ZEN OF W	HAT COU	INTRY?
Ticket and report clerk B.&.O.R.R. Maryland											TI	S.A	_	
13. FATHER'S NAME														
	William L.Smith Alma L.Day													
	15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY IN		FORMANT	nces	Smi	th,Br	Addres	-	.Md.		
	18. CAUSE OF DEA	TH [Enter only one ca	use per lir	e for (o), (b), and (ci.l a				-			<u> </u>	L BETWEE	F N
		TH WAS CAUSED BY		7 4	· ·	- (70)		1 or				ONSEL	AND DEA	مرا
	420.2	IMMEDIATE CAUSE (o		Mary Company		1			-	-		-	12	7
	Canditions, if pr	which \								•				
	gave rise to in	nmediate (-		
	couse (a), staling (lying cause last.	he under (c												
	PART II. OTH	IER SIGNIFICANT CON		ONTRIBUTING TO	PEATH BUT N	OT RELATED TO	THE TERM	INAL DISEAS	E CONDITION	ON GIVEN	IN PART	1(a) 19. V	VAS AUTO	PSY
	N N N N N N N N N N N N N N N N N N N											P	ERFORMED S	57
	PART II. OTH	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINERS	20b DESC	CRIBE HOW INJURY	OCCURRED	(Enter noture al	mjury in	Port Lar Par	I II of item	18 }				
			-											
	20c. TIME OF INJURY	Y Month, Day, Yea	20d. IN	JURY OCCURRED Not while	20e, PLA	E OF INJURY (Fory, street, affice	lame, farm	20f. (City	or lown)		(Ce	ounty)	(5	itale)
	p. m.	19	ol wari	of wark										
	21. I certify th	at Lattended the	decease	ed from	9	13/2	, to	11/	1	963	nat I k	ist saw	the deci	eased
	alive on	65	794	8 and the	at death	accurred ate	550	Mi, fran		_				
		300	2/5		12	Long		MODRESS (S	reet, city of	tawn, st	سد ود		DATE S	IGNED
	ACTUAL	434	17	1107	5M	191	See	WALL	UZ	ck	The	0	144	65
	PHYSICIAN'S J.	G.F.Smit	h			Br	unsw	ick	Ma	ryle	ind			
	220 BURIAL, CREMATIO	N. 72b. DATE THEREO	F	22c, NAME OF CE	METERY OR	CREMATORY		22d LOCAT	ION (City	tawn, ar	caunty)		(State)	
	REMOVAL (Specify) Burial	11-7-19	58	St.Man	rks				ersv					
	23 FUNERAL DIRECTOR	SIGNATURE		ADDRESS			24a. REC'	D BY REGIST			RAR'S SIGI			
	1. Lu For	to Br	unsw	ick, Mar	yland		DATE AL	0V 1 0 '	59	C1 -		4		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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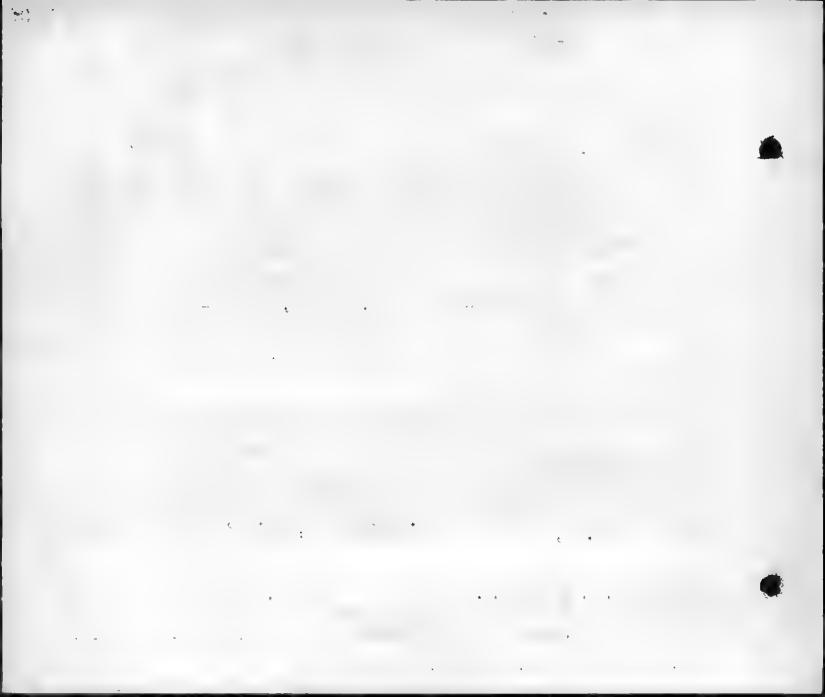
CERTIFICATE OF DEATH

L									Reg. Dist.	No.	
1.	PLACE OF PEATH O. COUNTY Frederick		MAR	YLAND 2	O STATE	ENCE (Who	ere deceased lived	If instituti		before odmis ederic	
	b CITY OR TOWN (if outside corporate limits, RURAL and give negrest town) Frederick	write	Years	INTE	CITY OR TO	1.	utside corporate li rederick	mits, write l	RURAL and give	e nearest tow	rn)
	d. NAME OF HOSPITAL (If not in hospital, give 26 Tost All Saints St.	e street o reet	oddress)		d STREET AT		All Sai	nts S	treet	ON.	SIDENCE A FARM? NO
3	DECEASED (Type or print) WILLI		Middle IGNA	TIUS	SNOWI		4. DATE OF DEATH	Novem		l,	Yeor 58
L		VIDOWE	DIVORCE	ED 🗍 O	oate of Birth	12, 1	897 8	E (In years Libirthdoy) yrs	Months Do	YEAR IF UND	
	DO USUAL OCCUPATION (Give kind of work do during most of working life, even if refired) Minister	ne 10b. (Church		м	aryla	and		12 CITIZE	EN OF WHA	
13	3. FATHER'S NAME Unknown				14. MOTHER'S						
15	5 WAS DECEASED EVER IN U.S. ARMED FORCE YOU NO WIShindown (18 No give wor or dates of serv	and I	SOCIAL SECURITY NO 173-28-824	1	DRMANT		lay Snowden	Add		em #2	
	PART I. DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: WAS CAUSED BY: IMMEDIATE CAUSE [o] DUE TO Canditions, if any, which gove rise to immediate couse (o), stating the under: Lying couse lost. (c]	Z 2	yfer	en les	ien	ns Scen	ion Pardi	Ž		3	D DEATH
CERTIFICATION	PART II OTHER SIGNIFICANT CONDI		CRIBE HOW INJURY O				NAL DISEASE CON		VEN IN PART 1	PERF	AUTOPSY ORMED?
MEDICAL CERT		20d. 1N While	JURY OCCURRED Not while	20e PLACE		lome, form,	, 20f (City or to		(Cou	unty)	(Stote)
×	21. I certify that I attended the a alive on Nove 20.		ed fram Nov.	12, death as	ccurred at_	6:004	M, from the	causes o	and an the	date stat	deceased abave signer 3/1958
	PHYSICIAN'S B. O. Thomas	,M.	D.		Fred	erick	, Maryla	nd		alle dille one site also give bills and a	
	REMOVAL (Specify) Burial Nov. 25. 19	58	72c NAME OF CEM Fairview				22d LOCATION (or county)	(Sto	
_	. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			240. REC'S	DV PEGISTRAB	24b REGI	STRAR'S SIGN	AJURE	
	M. R. Etchison & Son.	. Fr	ederick. M	arvla	nd i	DATE				- Partition	

the funeral director, should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL CONECTOR: After this certificate has been signed by the attending physician and completely fitted in page 3 shown be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registral prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57



12510 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) e. COUNTY **b.** COUNTY MARYLAND Marvland Frederick Frederick b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town] Hours Union Bridge -Rural-R.D.#2 Libertytown d. NAME OF HOSPITAL (If not in hospilal, give street address)
OR INSTITUTION e. IS RESIDENCE ON A FARM? YES NO d. STREET ADDRESS Methodist Church Hall Green Valley Road NAME OF Middle Last 4. DATE DECEASED METATO MERCER SPURRIER November (Type or print) DEATH 19 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 9 AGE (In years 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoyl Months White Eemale DIVORCED [7] March lh. WIDOWED | 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Housewife At Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Mac Roderick Clara Mercer IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) No Mr. Sterling E. Spurrier, Same as Item #2 No None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 420. **DUE TO** i cardio vassular deserse Conditions, if any, which gove rise to immediate **DUE TO** couse (o), sloting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200 ACCIDENT WAS LINDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY IHome, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc Hour o.m.

Not while

21. I certify that I attended the deceased from

of work of work

nov- 5 1958 that I last saw the deceased

ACTUAL SIGNATURE

Walkersville, Maryland

DATE SIGNED

PHYSICIAN'S Dr. E. A. Dettbarn

270 BURIAL, CREMATION, 226 DATE THEREOF Burial (Specify)

Nov. 8.1958

72c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

Frederick.

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, stote)

and that death accurred at 8:00P M, from the causes and on the date stated above.

(Stole) Maryland

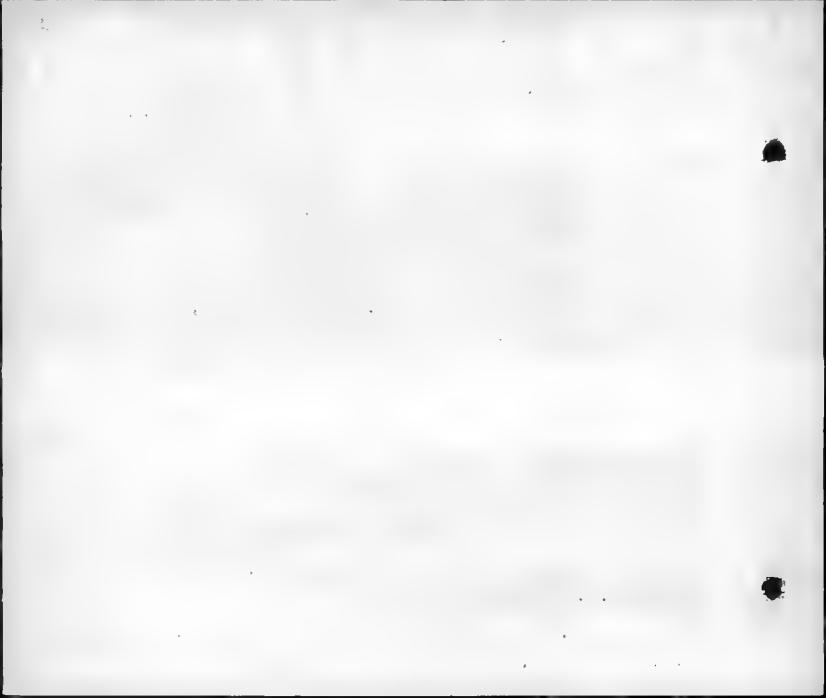
23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS M. R. Etchison & Son, Frederick, Maryland

24o, REC'D BY REGISTRAR PATENOV 1 0 158

24b REGISTRAR'S SIGNATURE Otto & Health

O Vs A15 (4) 15M 10/57

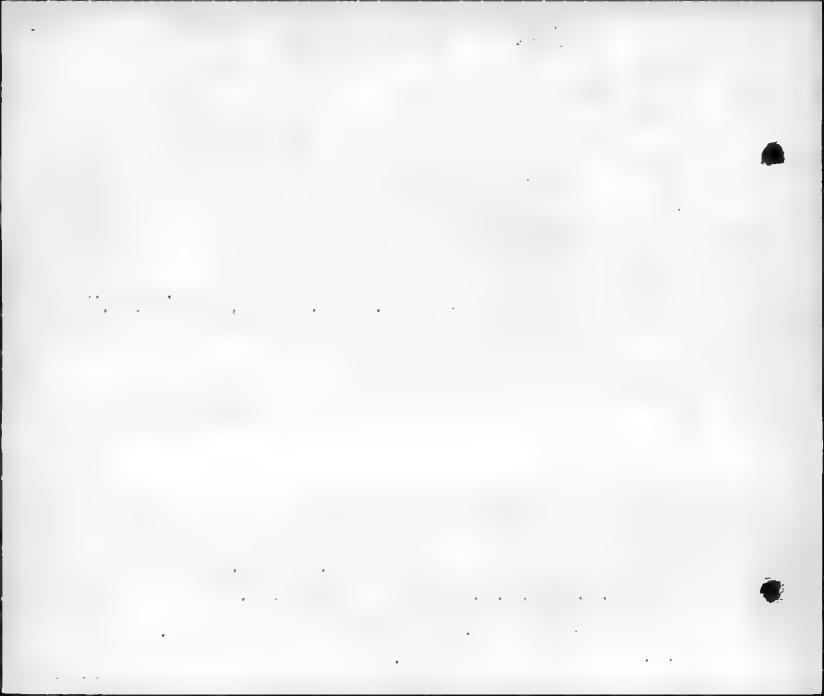


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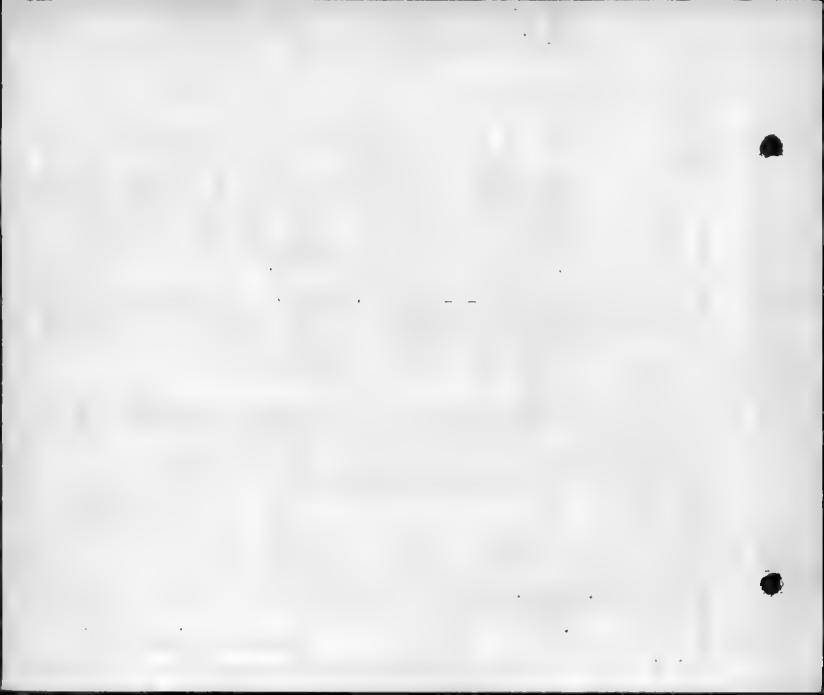
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	'S A15 (4) SM 10/57	

		CERTIFIC	AIL OF	DEATT	1		Reg. Dist. No	
1, PLACE OF DEATH			2. USUAL R	ESIDENCE (Wh	ere deceased lived		Residence befo	re admission)
Frederic	k	MARYLAND	o. STATE	Maryla	ad	b. COUNTY	Frederi	ck
b. CITY OR TOWN (If outside a RURAL and give nearest lown	orporote fimits, write	c. LENGTH OF STAY IN 16	c CITY (OR TOWN (If o	utside corporate la	mils, write RUF	RAL and give ne	grest town)
Frederick	,	45 years	177	Freder:	ick			
d NAME OF HOSPITAL (If not	in hospital, give stree	oddress)	/d STREE	T ADDRESS				e 15 RESIDENCE ON A FARM?
65 Taney Apart	ments			65 Tan	ey Aparti	nents		YES HO KOK
3 NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Month	Do	ry Yeor
(Type or print)	HARVEY	ALPHEUS	STOCK	IAN	DEATH	Nove	mber 26	19 58
5. SEX 6 COLO	R OR RACE 7. MAI	RIED NEVER MARRIED	8 DATE OF 8	IRTH	9. AC			IF UNDER 24 HRS
Male Whi				t 1883	175) Aur	Months Days	Hours Min
10a USUAL OCCUPATION (Give k	ren if retifed) [. KIND OF BUSINESS OR INDI	JSTRY 11. BIRT	HPLACE (Stole	or foreign country		12 CITIZEN C	F WHAT COUNTRY?
Retired-Self E	nployed Ca	rpenter	l l	laryland	i		USA	
13. FATHER'S NAME			14 MOTHE	R'S MAIDEN N	AME			
George Stockman			Ali	ce Har	gett			
15 WAS DECEASED EVER IN U. S. [Yes no or unknown] [If yes, give v	ror or dotes of service)		INFORMANT		2	204 Widres	12th St	• 9
No	2	16-22-2070 Mr	. John	W. Sto	ckman, I	rederi	ck, Md.	
18. CAUSE OF DEATH [Enter		1	A 1				INT	ERVAL BETWEEN SET AND DEATH
	TE CAUSE (6)	Macudeal	Sufi	uch				Vocale.
420,1	DUE TO	pto .						
Conditions, if any, which		Colore Deleros	io				/	0410.
gove tise to immediate couse (a), stating the under-								
lying couse lost.) (c)							
PART II. OTHER SIGNIF		CONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMI	NAL DISEASE CON	IDITION GIVEN	N IN PART 1(o)	PERFORMED?
3 Jac	clipsis a							YES NO LA
PART II. OTHER SIGNIF 200 ACCIDENT WAS UNDERLE OR CONTRIBUTING CAUSE IF EITHER, NOTIFY MEDICAL I	YING [] 206 DE OF DEATH EXAMINER)	SERIBE HOW INJURY OCCURR	ED (Enter natur	e of injury in P	art i or Part II of	item 18)		
20c. TIME OF INJURY Month,			LACE OF INJUR	Y (Home, form,	20f. (City or to	wn)	(County)	(State)
Hour o m	19 While at wo		sciory, sireer, o	rice blog., etc.				
21. I certify that I atte	nded the decea	sed from	کـ10	J la	160 20	10.0	that I last a	ow the deceased
alive on / Cor >	2 19	(), and that deat			M from the	Course on	d on the de	to stated above
\ <u>\</u>	L- 11	,,	. 00001100		LODRESS (Street, c			DATE SIGNED
ACTUAL SIGNATURE	VIllin	L	MD 7 N	. Marke	t St.		1	1,-28-58
PHYSICIAN'S He Fe	Kline, M.	D.	Fre	derick,	Md.			
220 BURIAL, CREMATION, 226. D	ATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY		22d LOCATION (City, fown, or	county)	(Stote)
Burial 11-	-29-58	St. Paul's Ce	metery		Jefferso	n, Md.		
23. FUNERAL DIRECTOR'S SIGNATU		ADDRESS		24a. REC'E	BY REGISTRAR	24b. REGISTI	RAR'S SIGNATU	
M. R. Etchisor	a & Son, F	rederick, Md.		DATE	1 '58	Cuth	4 8. Than	A

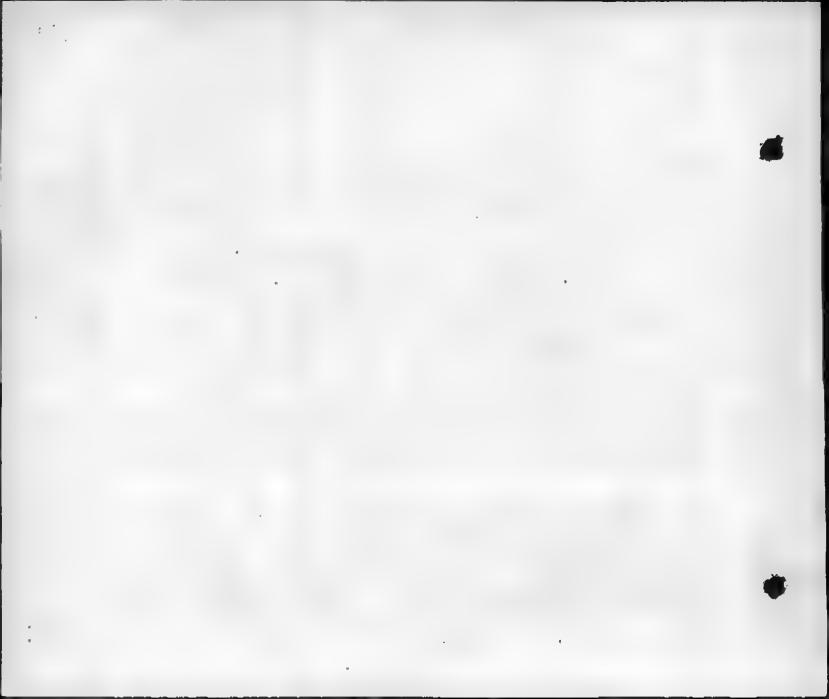


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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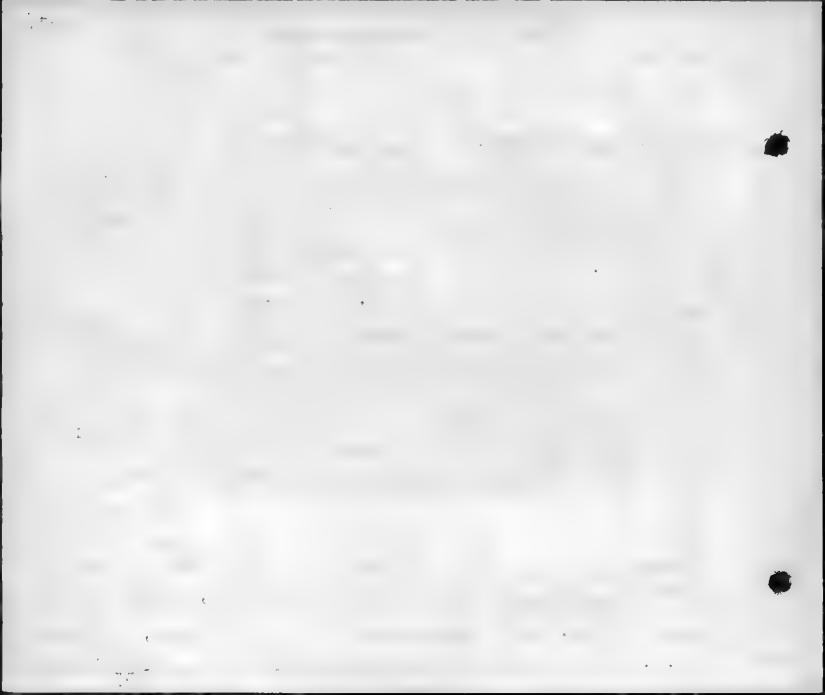
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

CERTIFICATE OF DEATH

12510

Reg. Dist. No.

1.	PLACE OF DEATH G. COUNTY	rederick		MARY	LAND	o. STATE	NEW Y		Lived. If institut b. COUNTY		• before o	odmissia	n)
	b. CITY OR TOWN (III RURAL and give ne Frederic	outside corporate limit orest town) C	s, write	c. LENGTH OF STAY	IN 3b		OWN (IF o	,	rote limits, write	RURAL ond g	ive neares	t town)	1
1	OR INSTITUTION	AL (If not in hospital, gi demorial Ho				d. STREET A		a Road				S RESID	DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Keiti	ζ		OGER	Unito last		4. DATE OF DEATH	Novemb		Day		58
Ma	Le WHITE	6. COLOR OR RACE	WIDOWE		· 🗆 🕽	-	1893		9. AGE (In years lost birthday) 05 yrs.	Months		UNDER Ours	Min
	Retired-Co	N (Give kind of work of ing life, even if retired) DITTACTOR	lone 10b	KIND OF BUSINESS O	OR INDUS		1	Virgin		12 CITI	ZEN OF V	USA.	OUNTRY
13.	FATHER'S NAME Elton	D. Virts				14. MOTHER'S		g inia	Bøger				
15. (Ye		IN U. S. ARMED FOR		SOCIAL SECURITY NO		rs. Clee	Virt	s-Same		iress a #2			
		TH [Enter only one co- TH WAS CAUSED BY- IMMEDIATE CAUSE (c)	D.	erforated		inal Ul	cer				2ºDa	AL BETY	WEEN
	Conditions, if ar			eribienibi	8						1 Da	y	
	couse (a), stating the lying couse lost.		H	ypertensis	e Car	rdie Vas	cular	Disea	.se		2	Ye	ars
CERTIFICATION	PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	F	ERFOR	NO [
1.	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER;	20b DESC	CRIBE HOW INJURY O	CCURRED), (Enter nature of	finjury in P	Port I ar Port	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	20d, 18 While of worl	Not while of work	20e. PLA foc	ICE OF INJURY () tory, street, office	Home, form, bldg., etc.	20f (City	or town)	{C	ounty)		(Stote)
	21. I certify the	at I attended the		ed from					the causes				
	ACTUAL SIGNATURE	Many S	<u> </u>	2 time			4		reet, city or town,		11-7	DAT	E SIGNED
	PHYSICIAN'S NAME (Type)	Thon	261	E.	51	TONE	I	reder	ick, Mar	yland			
١.	BURIAL, CREMATION REMOVAL (Specify)	Nov 21 1		Union Cen				_	ION (City, town,	**	V	(Stole)	inie
-	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'E	BY REGISTI	RAR 24b. REG	STRAK'S SIG	NATURE	-	
	M. H. Kto	hison & So	m K'v	rederick. I	larre!	2776	DATE	INT P		2011			



VS ATS (4) TSM 9/SS

	101		CERTIFIC	CATE OF D	EATH			Reg. Di	st. No.		
1. Pt	ACE OF DEATH COUNTY Frederick		MARYLAN	2. USUAL RESID	3.0	land	d. If institution b. COUNTY	4-4	eder		}
b.	CITY OR TOWN (If outside carporate limits, RURAL and give nearest town) Frederick	write c.	2 weeks	XRural	ap.	erson	limits, write RC	URAL ond	give neor	est town)	
	NAME OF HOSPITAL (If not in hospital, give or institution are derick Memorial		en) pital	d. STREET AI	DDRESS				0.	ON A FA	ARM?
D	AME OF First Pogers		Middle V .	Wiles		4. DATE OF DEATH	Mont	th	Day 6	Yeo 19	1-1
	nale white	VIDOWED [3/28/1	906		GE (In years ist birthday) 52 yrs.	IF UNDER Manths		F UNDER 2	Min.
	USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Carpenter	bld			aryla		r)		S.	WHAT CO	OUNTRY
	George P. Wiles					ME lbbingt	ton				
15. V (Yes.	VAS DECEASEDEVER IN U. S. ARMED FORCE no. or unknown) (If yes, give war or dates of serv		-16-6586	Mrs. Dor	a Wil	es, J	Addr effers		Md.		
1	B. CAUSE OF DEATH [Enter only one cous PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	11 /	or (0). (b). and (c).]	1 the	my	rande	im		INTER	T AND DE	EEN
	Canditions, If any, which gove rise to immediate casse (a), stating the under-lying cause last.	Sure.	In anten	inlest	to co	Loson	Thro	mbos		2 m	ts
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDI					12100		EN IN PAR		PEREGRM	
	200. ACCIDENT WAS UNDERLYING ADDRESSED OF DEATH PROPERTY MEDICAL EXAMINER)	UB. DESCRIB	E HOW INJURY OCCU	RRED. (Enter nature of	injury in Pol	rt I or Part II al	item 18.}				
MEDICAL	Noc. TIME OF INJURY Month, Day, Year Hour e. m. p. m. 19	20d. INJUI White of work	Nat while	PLACE OF INJURY II- foctory, street, office	lome, form, bldg., etc.)	20f. (City or to	own)	(<	County)		(State)
	21. I certify that Lattended the calive on	leceased	>	3 19_58 oth accurred at_		M, fram the	e causes a			stated	
	ACTUAL SIGNATURE /	(hose	M.O. 4 E	chi	urch	54			16/5	8
22o.	BURIAL, CREMATION, 22b. DATE THEREOF	on .	E. NAME OF CEMETER			2d. LOCATION			Ma	(Stote)	• • • • • •
	ourial 11/9/19 ¹ UNERAL DIRECTOR'S SIGNATURE Gaadhill Company		Harmony (ADDRESS dletown,	1/12	24a. REC'D	Freder BY REGISTRAR 2 '58	24b. REGIS	TRAR'S SIC			

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		WATER AT A PARTY	
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	HOTELSTON .		
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